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To provide deaf adults with services they had not previously received and to demonstrate the efficacy of providing these services in a setting with hearing clients, the Deaf Adult Project was developed. During 1965, 10 clients were served; staff members were recruited and added during the next two years; and over a 3-year period 194 clients were referred and 126 were served. The core service was rehabilitation counseling; other services included psychological and psychiatric evaluation and testing, social work services, and ancillary services. The majority of the 126 clients were young; 51.6% were between 15 and 24 years of age; males outnumbered females 87 to 39; 73.81% were prelingually deafened; and illiteracy represented the most frequent vocational handicap with 46.8% of the 126 clients unable to read at the fourth grade level. Seventy-seven clients were either employed or in academic or vocational programs after leaving the project. Conclusions were as follows: there is a continuing need for services for deaf adults; there was a direct relationship between availability of staff and the ability to develop a caseload and provide services; lack of staff hampered stimulation of referrals; there was a major failing of educational methods with the clients, many of whom were normal or above in intelligence; and more services were needed. Implications for the future and recommendations are reported. (RJ)

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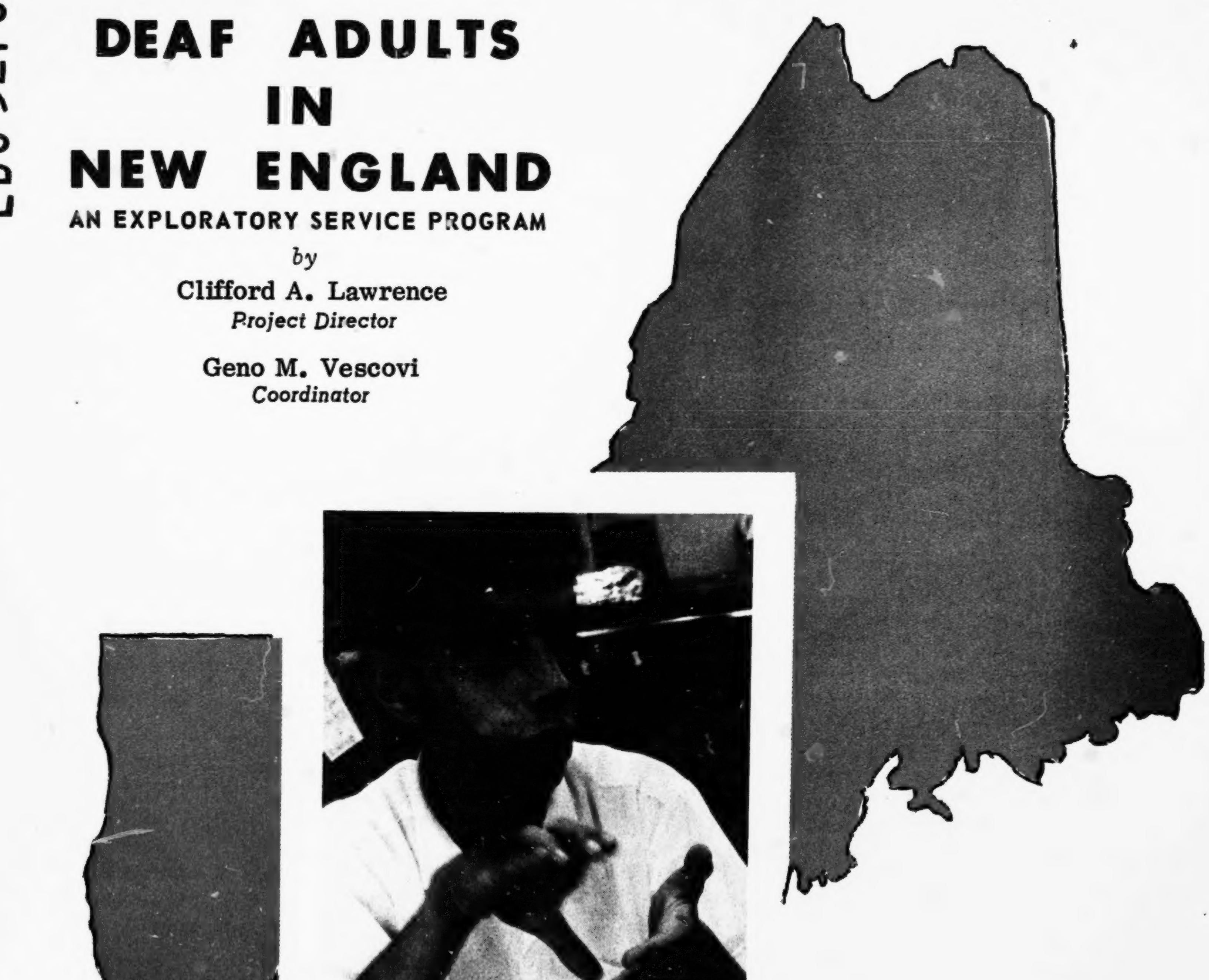
DEAF ADULTS IN NEW ENGLAND

AN EXPLORATORY SERVICE PROGRAM

by

Clifford A. Lawrence
Project Director

Geno M. Vescovi
Coordinator



FINAL REPORT OF PROJECT #RD-1576-S

Demonstration of Methods of Serving Deaf Adult
in a Comprehensive Vocational Evaluation
and Work Conditioning Center

at the
New England Rehabilitation-For-Work Center
of
Morgan Memorial, Inc.

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Social and Rehabilitation Service
U.S. Deapartment of Health, Education and Welfare
Washington, D.C. 20201

Boston, Massachusetts

31 December 1967

SIGNIFICANT FINDINGS OF THE PROJECT

★ This demonstration project successfully developed methods and was provisionally effective in providing rehabilitation services for deaf adults in New England.

★ A creditable number of deaf persons were helped to live better lives. Of the 194 clients referred, 126 were given significant services.

★ Of the 126 clients receiving Project services:

80% were multiply handicapped.
74% were prelingually deafened.
73% of the clients tested and 47% of the total served were functionally illiterate.
72% were from schools advocating oral methods of instruction.
70% communicated manually as a primary mode.
60% showed positive effects of Project services.
52% were between the ages of 15 and 24.
24% of the 46% tested were of normal or above normal intelligence.
20% were in need of mental health services beyond evaluation.

★ Recruitment of an adequate staff -- a fully qualified one was never achieved -- required better than two years. A competent core staff was at once requisite to attaining all the Project's goals and in extremely short supply.

★ Use of manual communication for staff was essential. Client language ability and oral communication skills were generally inadequate, unintelligible or unreliable for productive instruction and counseling.

★ Concerns of the sponsoring agency contrasted sharply with those of the Project and tended at times to attenuate, obstruct and frustrate the fuller exploration of its potential.

★ Work sampling was too abstract a procedure for most deaf clients. A more concrete method, e.g. real work for wages, would be more applicable.

★ Deaf clients required more time for the same kinds of services. For example, an average of ten hours was required for adequate psychological assessment.

★ The innovation of tutoring, mobile services and summer enrichment programs proved to be in the best interests of the client, special education and rehabilitation in Massachusetts and New England.

★ Supervised residence facilities -- supervisors must be able to communicate manually -- are necessary, if the program is to satisfy a regional commitment.

★ Active casefinding was necessary to stimulate sufficient referrals.

★ Supportive services, e.g. interpreters, tutors, mental health facilities, legal assistance, parental counseling, adult education, vocational training, were minimal and need to be developed.

★ Funding and authority for providing direct client services would eliminate or reduce lengthy delays and provide the desirable continuity of service.

★ Deaf people and their representative organizations should be relied upon to plan and implement service projects of this nature.

DEAF ADULTS
IN
NEW ENGLAND,

AN EXPLORATORY SERVICE PROGRAM

by

Clifford A. Lawrence
Project Director

Geno M. Vescovi
Coordinator

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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31 December 1967

Morgan Memorial, Inc.
95 Berkeley Street, Boston, Massachusetts 02111

This investigation was supported, in part, by Research and Demonstration Grant #RD-1576-S from the Division of Research and Demonstration Grants, Social and Rehabilitation Service, Department of Health, Education and Welfare, Washington, D. C. 20201

ON HIS DEAFNESS

by

Robert F. Panara

My ears are deaf, and yet I seem to hear
Sweet nature's music and the songs of man,
For I have learned from Fancy's artisan
How written words can thrill the inner ear
Just as they move the heart, and so for me
They also seem to ring out loud and free.
In silent study, I have learned to tell
Each secret shade of meaning, and to hear
A magic harmony, at once sincere,
That somehow notes the *tinkle* of a bell,
The *cooing* of a dove, the *swish* of leaves,
The raindrop's *pitter-patter* on the eaves,
The lover's *sigh*, and *thrumming* of guitar --
And, if I choose, the *rustle* of a star!

ACKNOWLEDGEMENTS

The authors wish to express their appreciation to those who made this Project possible and to those who participated in it. Especially we would like to thank those who contributed significantly to the work of the Project and to the preparation of this report.

We wish to acknowledge our indebtedness to Miss Mary E. Switzer, Administrator, Social and Rehabilitation Service (SRS) -- formerly Vocational Rehabilitation Administration (VRA); Dr. James F. Garrett, Assistant Administrator, Office of Research and Demonstrations; Dr. William M. Usdane, Chief, Division of Research and Demonstration Grants; Dr. Boyce R. Williams, Chief, Communication Disorders Branch, Division of Disability Services, Rehabilitation Services Administration (RSA); and Dr. L. Deno Reed, Executive Secretary, Sensory Study Section, Office of Research and Demonstrations, Social and Rehabilitation Service.

Among others who deserve recognition are: the late Mr. A. Ryrie Koch, New England, VRA Region I, Representative; Mr. John Levis, Commissioner, Massachusetts Rehabilitation Commission (MRC); Mr. Robert A. Batten, Director, Division of Vocational Rehabitation, New Hampshire; other New England and New York State DVR directors who supported and cooperated with the Project; Mr. William F. Stearns, former Project Director; those individual MRC and DVR counselors with whom we worked; and deaf and hearing people in New England, New York and elsewhere who contributed to, benefitted from and/or sustained our efforts.

The National Association of the Deaf (NAD), Registry of Interpreters for the Deaf (RID), Professional Rehabilitation Workers with the Adult Deaf (PRWAD), Captioned Films for the Deaf (CFD) and the New England Gallaudet Association (NEGA) were among the organizations whose leaders and members enthusiastically aided the purposes of the Project.

Special thanks are extended to the secretaries, who, along with their clerical duties, served as interpreters for deaf clients and staff members of the Project; to Miss Kathleen O'Leary for her many hours in organizing the reference section; and to Mr. Norman Hurst for his photography.

We wish to thank Mr. Robert F. Panara for permission to print his poem, "On His Deafness," in this report.

Finally the authors respectfully acknowledge the sponsorship of the Project by Morgan Memorial, Inc. and Rehabilitation Services Administration, Social and Rehabilitation Service, United States Department of Health, Education and Welfare.

Clifford A. Lawrence

and

Geno M. Vescovi

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PREFACE

This presentation represents the third and final report of the Deaf Adult Project in New England. It describes, as completely and as accurately as possible, the development, procedures, progress, significant findings and implications since the Project began, 1 July 1964, until it terminated, 31 December 1967.

Essentially an exploratory service undertaking, it was a Social and Rehabilitation Service research and demonstration project, #RD-1576-S, entitled:

> *Demonstration of Methods of Serving Deaf Adults in a Comprehensive Vocational Evaluation and Work Conditioning Center.*

operating out of the New England Rehabilitation-for-Work Center of Morgan Memorial, Inc., Boston, Massachusetts. Services were extended to deaf people in the six New England states and in New York State.

The Project was initiated while Morgan Memorial was also receiving grant support (VRA #RD-610) for the Center itself. The Center terminated as a VRA project, July 1965, and it is now operating as an integral part of the Morgan Memorial complex.

SRS Project #RD-1576-S intended to be exploratory, innovative and creative. Emphasis was placed on effective ways of providing educational, social, rehabilitation, psychological and professional services for the deaf person, which were previously either unavailable or ineffective at the Center and in New England. Further, it was the intent of this Project to recruit staff and generate procedures which would lead to the establishment of a permanent program.

As a formal project, it was the first of its kind in the United States. It had, therefore, no tested guidelines. Staffing was extremely difficult and never entirely satisfactory. Operating conditions were constantly shifting. It was only after considerable trial and refinement that a reasonably effective modus operandi was developed.

New England did not lend itself readily to this necessary experimentation. Its tradition, especially in Massachusetts, of strict oral instruction for deaf children often accentuated the handicapping aspects of deafness in the adult and complicated the task of the Project. This, however, was predictable and counteracted to the extent possible.

Intra-agency concerns at the administrative and supervisory levels were neither anticipated nor satisfactorily resolved. Chronic problems, affecting staffing and the interrelationships of staff and consultants, interfered significantly with the attainment of the Project's objectives. While the full impact of these problems can not be known, their presence tended to restrict the types and delivery of services, as well as to create a tense atmosphere. Because it has not been possible to ascertain the extent to which Project findings are related to these problems, final conclusions must be drawn with these considerations in mind.

The Project did attain its major goal; i.e., a special core staff was demonstrably effective in providing needed services to deaf clients. Both positive and negative elements of this experience have been candidly reported. This information could be beneficially extrapolated and modified to serve as a point of departure, reference and guide to similar or related programs in other regions under different circumstances. The Project's most significant contribution is the accumulation of evidence that lends credence to the need for a permanent research and service program with deaf adults in New England.

Clifford A. Lawrence
Project Director

INTRODUCTION

This report is nothing more than an attempt to describe what happened to one hundred ninety-four people who needed help, in varying degrees and quantities, to make their lives less disruptively nerve-wracking and more meaningful. They are people who, for all or most of their lives, had to depend upon their sense of vision to establish and maintain a satisfying and relevant contact with other people and with their environment. The word "deaf" does not describe them: it labels them, and consequently it does not help us to understand them. In this report the term "deaf" is used as a semantic convenience only.

Cliches about the DEAF abound in the field of rehabilitation. They have permeated the thinking of too many professionals since accelerated vocational rehabilitation services for the deaf person began about 1955. The net result is that rehabilitation services today are largely stereotyped, unimaginative, ineffectual and often make little or no difference in the lives of the deaf recipients.

Shortly after Project #RD-1576-S began to accept deaf clients in sufficient numbers, it became apparent to the Project staff that they, too, were basing their service efforts on stereotyped thinking; that they were trying to give relevance to such redundant, over-generalized assumptions as:

(1) the deaf are a unique population whose rehabilitation needs are not susceptible to methods effective with other disability groups;

(2) vocational rehabilitation of deaf clients requires communication skills at every level;

(3) the deaf need "total assessment";

(4) special attention must be given to the language/communication barriers imposed by prelingual deafness.

As a result, the Project staff realized that the purposes of the Project were inseparable from the needs of each deaf client who came for help, and that a priori judgments and expectations that deaf clients would or should fit this or that assumption about them served only to impede the acquisition of a relevant understanding of and an empathy for the deaf individual and his particular plight.

Consequently, the Project staff formed its goals around the idea that the deaf client is the best source of information about himself. It then set about the business of:

(1) finding out from the client what he thought of himself and felt toward himself, toward other people and what his particular view of his world was;

(2) finding out from the client what he felt he needed, wanted to become, thought important, was especially afraid of, reluctant or unable to commit himself to; what he wanted to do for himself or have others do for him;

(3) finding out how and to what extent the Project staff could help him in his particular situation;

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(4) finding out the things that got in the way of the help the Project staff was convinced he could use constructively and was prepared to give him;

(5) convincing the Facility staff and administrators that, although it was necessary and desirable to discover the adaptations and modifications in Facility administrative structure, operation service techniques, machinery and materials that must be made in order to accommodate the deaf client, it was nevertheless much more important and imperative that they adapt and modify their thinking and feeling toward the deaf client in order to understand him as a person.

It can be candidly stated that the Project attained most of these goals and, if this attainment is the criterion of success, then the Project as a whole was successful. This means in effect that Project staff was able to establish meaningful, relevant and mutually understanding relationships with most of the deaf clients; was able to effectively communicate with most of them, manually or orally; was able to identify many obstacles blocking client insight and learning, help remove some of the more pernicious obstacles and provide the clients with opportunities to effect positive changes in themselves and to cope more reliably with their environment.

In a fundamental sense, if the client was helped to experience success in a psychological, social, vocational or recreational activity which was meaningful and important to him in that it enabled him to be a more confident, self-accepting, and responsible person, then his success became the Project's success.

The Project staff did not presume that the success-goals of all deaf clients should be "stable employment" or "independent living." These were looked upon as desirable goals but not necessarily goals toward which the deaf client should strive in order to experience success.

Since most of the deaf people served in this Project were not only without usable hearing but were burdened by functional illiteracy, often compounded by one or more of such disorders as epilepsy, cerebral palsy, emotional disturbance, psychosis, alcoholism, poor vision, diabetes, heart trouble, aphasia, and others, it is more readily understood how difficult it could be for them to achieve a mastery of self and environment and, therefore, how important it became for them to define and pursue their own success-goals. Failure to recognize their need to experience success, or even a series of successes, on their own terms, did occur during the course of the Project and was attributable mainly to the inexperience and inexpertness of newly recruited Project staff.

It is reasonably clear that the rehabilitation needs of deaf clients in this Project could best be met by staff members who were familiar and experienced in regard to deaf people and the impact that loss of hearing and dependence on vision has in their daily lives; who could communicate well with them in any way needed; who were trained and competent in the specific fields of rehabilitation counseling, education, psychology and social work. A staffing arrangement close to this pattern did in fact materialize during the course of the Project, but, unfortunately, it could not be maintained. The scarcity of such people remains critical nation-wide. The steady increase in training programs to make qualified personnel available in sufficient number has not yet been able to meet the demand.

In view of this, there is little wonder that it was felt by Project staff that Facility administrators and Center staff had difficulty understanding that the important issues were not "integration" of the deaf client into the facility, or overconcern about whether adaptations and modifications in machines and materials and administrative procedures would have to be made; but rather the need or desire to adapt and perhaps modify one's perceptions of the deaf client in order to understand him as a person.

In sum, depending on the standard of measurement employed, the Deaf Adult Project in New England was "successful." It can only be conjectured that the conditions under which it operated, many of which could not be controlled, significantly modified this "success." The balance swings in favor of those meaningful accomplishments as they relate to the people involved. A creditable number of deaf adults were significantly helped to live better lives.

Geno M. Vescovi
Coordinator

New England had virtually no effective rehabilitation, social or professional services for deaf adults prior to this Project. Apparently Morgan Memorial, through its New England Rehabilitation-For-Work Center, was the only agency concerned enough to plan and initiate such services for this long-neglected group of people. The question: "What happens to the young deaf adult after he leaves special schools or classes for deaf pupils?", went largely unanswered. The Division of Vocational Rehabilitation (DVR) in the New England states had no special counselors providing services for the deaf person. Massachusetts had no high school program for the deaf person who was not able to continue his education in the regular public high school through oral methods; it still has none. Only two programs in all of New England offered a high school program for the deaf pupil who might benefit from instruction through manual as well as oral language; both schools are overcrowded; no others have been established. Adult education for the deaf person was minimal and poorly organized; there has been little visible change. Instruction in manual communication was not available to hearing or deaf persons prior to the initiation of the Project, except on a once-a-week basis at an introductory level. Deaf persons were forced to learn their own language surreptitiously, and the hearing person had to go out-of-state or out of the region. As a consequence, the potentials of many deaf individuals have gone undeveloped and interpreters in New England are still at a premium. These and other lacks and gaps represented the background against which the Project conducted its program.

A scene such as the one illustrated in this photograph became common at the New England Rehabilitation-For-Work Center as the Deaf Adult Project gained momentum. It is emblematic of the many relaxed, spontaneous, "visual-manual" conversations that transpired in the deaf person's preferred mode. "Work," as the young lady indicates, is one of many topics discussed.

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STATEMENT OF THE PROJECT PURPOSE

THE PROBLEM

Language, its acquisition and usage, presents the primary and pervasive problem for the deaf individual. If the age at onset is prelingual -- prior to the establishment of language -- that problem is greatly intensified. Deaf people must depend on visual clues to learn language and relate to their environment.

The oral method, i.e. speech and lipreading or speechreading, of instruction for deaf pupils is still prevalent in New England and exclusive in Massachusetts. As a single, reliable vehicle for language, oral communication has not proven generally successful.

The majority of deaf adults "speak" a language that is uniquely their own. It is not a translation of English or any other language. It is itself a bona fide language, a manual language, the language of signs. (Furth, 1966; Stokoe, 1965)

The language of signs is generally used with the American manual alphabet among deaf people in this country. This combination of "signing" and "fingerspelling," manual communication, is the most common mode of communication employed by deaf adults. It can be and is used as a transliteration of English and other languages. (Falberg, 1963; Fant, 1964; and Madsen, 1967) In order to establish and maintain meaningful relationships with most deaf people, facility in this language is a prerequisite.

The problem of all deaf people, and particularly those who are prelingually deafened, in acquiring language is manifested for many in maturational retardation. The problem can become more complicated when additional disabilities are present. A deaf person can be rendered multiply handicapped.

THE PURPOSE

Deaf adults in New England are affected by the general problem and its ramifications briefly reviewed above.

General Purposes. The Deaf Adult Project sought to have some effect on the problems of providing deaf clients with some of the many services which had not been provided for them. The addition of special staff to the Center who understood the problems associated with this particular disability and who could use, transmit and receive, manual communication were sought. This staff was to include professional people representing the disciplines of rehabilitation counseling, psychology and social work. Deaf clients were to be accepted and served at the Center in a manner parallel to clients having other disabilities. By exploring new ways of meeting the particular problems of the deaf client through the application of this staff, effective service was anticipated.

Specific Purposes. Specifically the Project was established to demonstrate the efficacy of innovative methods of providing rehabilitation services to deaf clients in a setting serving hearing clients with blindness and other disabilities. Effective service to deaf adults at the New England Rehabilitation-For-Work Center was initially intended to include:

(1) Modification of routines, equipment and techniques.
(2) Development of new methods through experimentation.
(3) Provision of total work assessment.
(4) Cooperation with existing public and voluntary agencies to effect placement and follow-up services.
(5) Provision of coordinated training.
(6) Extension of VRA Project #RD-1304, "Integration and Development of Services for the Deaf in a Comprehensive Vocational Evaluation and Work Conditioning Center."
(7) Research in an area where little was known.

Over the course of the Project, the purposes changed as more was learned about the problems and how to deal with them more effectively as they related to the individual client. These more individual and extensive purposes centered around:

(1) The client's view of himself and his environment.
(2) Assessing the individual's needs and capabilities.
(3) The assistance pertinent to the client and within the capabilities of the staff.
(4) Eliminating or alleviating conditions that blocked constructive growth on the part of the person.
(5) Providing the Facility staff with knowledge in the area of deafness in order to familiarize them with the deaf individual's general and specific problems and thereby broaden the base of Center activity to also include deaf clients.

It was further the purpose of this Project to provide services throughout the New England region generating out of this setting and within its framework.

Review of Relevant Literature. A thorough review of available and pertinent literature was on-going. As a result a rather extensive library in the area of deafness has been developed.

Literature relating specifically to this kind of program was, of course, not available. There were several tangential readings that proved helpful. A selected bibliography has been included. No further attempt will be made to discuss the literature, except as it has relevance for a particular portion of this report.

PROJECT PLANNING AND SETTING

Pre-Project Planning, 1961-1964. The New England Rehabilitation-For-Work Center had originally intended to include deaf clients in its program. Realizing that this was not possible under the current operating procedures, a series of meetings, planning sessions and in-service staff training lectures were held during 1961. The following year a series of in-service-staff-training lectures were conducted at New England Rehabilitation-For-Work Center for its staff from January through May, 1962.

In March of 1962 several of Morgan Memorial's staff attended a dinner meeting at Boston University, "Vocational Rehabilitation of the Deaf and Hard-of-Hearing." Among those in attendance were: Dr. Boyce R. Williams, then VRA Consultant, Deaf and Hard-of-Hearing; the late A. Ryrie Koch, VRA Regional Representative for New England; Dr. Emil M. Hartl, Coordinator of Rehabilitation Services for all of Morgan Memorial, Inc.; William Philbrick, Director of Special Education for the Commonwealth of Massachusetts; William F. Stearns, Project Director, RD-610, "The New England

Rehabilitation-For-Work Center; and Henry Helms, Executive Secretary of Morgan Memorial, Inc.

New England, SRS Region I. The VRA Regional Representative during this time -- currently the Assistant Commissioner for RSA -- in New England was informed of the planning of the Project at every stage. He participated in the meetings and offered advice and counsel in preparation for its implementation. The regional nature, the breadth and complexity underscore the importance of his role. While it was apparently impossible to provide or to organize direct services to deaf clients on a regional basis through this office, the regional office gave strong endorsement to the Project during its planning phase.

Massachusetts Rehabilitation Commission. The state rehabilitation agency in Massachusetts, the "home" state, was also involved in planning of the Project from the beginning. The purposes as put forth in the Project application were jointly developed by Massachusetts Rehabilitation Commission (MRC) and Morgan Memorial, Inc. The Commissioner endorsed the original application and the annual extensions.

Other New England Divisions of Vocational Rehabilitation. New Hampshire, Vermont, Maine, Rhode Island and Connecticut were all informed of the planning in relation to deaf clients. The degree to which they participated in the actual planning was apparently considerably less than that of MRC. No one of the New England states appeared to have sufficient numbers of deaf clients to support the depth, breadth and quality of service needed to justify a separate program; participation at the planning level would seem desirable.

Morgan Memorial, Inc. All concerned should have involvement in and responsibility for the proper planning of a project of this proportion. The agency requesting and accepting the grant award assumes ultimate responsibility. In the planning for this Project, Morgan Memorial, Inc. (MMI) did not seem to adequately investigate the severity of the problems relating to deafness and the added difficulties of providing regional services.

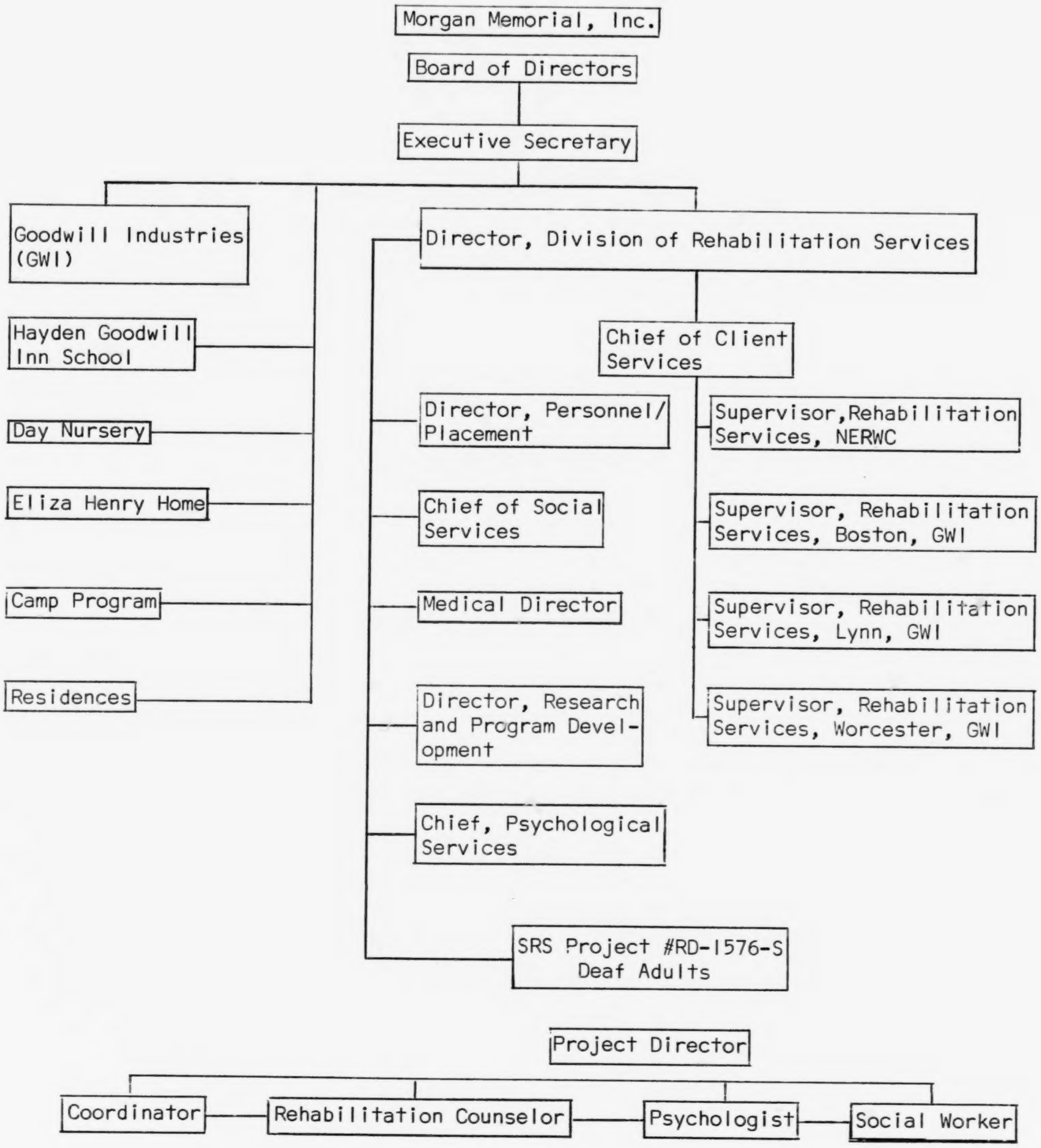
A glance at the organizational structure of the Morgan Memorial complex quickly gives an idea of how important the planning phase would be, and at the same time the tremendous potential the total agency has.

The many divisions of MMI and the diversity of programs would seem to indicate that careful attention to planning new programs was desirable.

New England Rehabilitation-For-Work Center. While MMI was the parent agency and the grantee, the Deaf Adult Project had closest association with its New England Rehabilitation-For-Work Center (NERFWC). During the major portion of the Project, NERFWC, or the Center, was the primary rehabilitation setting of MMI. It was this department of MMI that had most to do with the planning of the Project. The director of the Center wrote the original proposal.

Unquestionably it would have been helpful if other of the Center's staff had been more aware and directly involved in the actual planning. Apparently after the series of lectures during 1962 very little planning took place in relation to deaf clients until 1963 when the grant request for VRA Project #RD-1304-S was submitted.

VRA Project #RD-1304-S. This six-month pilot project, 1 July 1963 through 31 December 1963, was the final stage in the preparation that was done for Project #RD-1576-S. The pilot project, drafted by Dr. Albert T. Murphy of Boston University, Departmental and Personnel Organization of Morgan Memorial, Inc.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Supervisor, Rehabilitation Services, Lynn, GWI
Supervisor, Rehabilitation Services, Worcester, GWI
SRS Project #RD-1576-S Deaf Adults
Project Director
Coordinator
Rehabilitation Counselor
Psychologist
Social Worker

was entitled:

> *"Integration and Development of Services for the Deaf in a Comprehensive Vocational Evaluation and Work Conditioning Center."*

It had a three-fold purpose: (1) to integrate and develop an effective service program to deaf adults at NERFWC; (2) to study the vocational rehabilitation needs of deaf people in such a service setting; and (3) to develop a Project proposal for serving effectively the vocational rehabilitation needs of the deaf (client) in a multidisciplinary multidisability vocational rehabilitation center.

The services of a "Communications Specialist" were enlisted. The addition of such a person to the Center's staff was to allow the deaf client access to those professional services already developed for clients with other types of severe disability. NERFWC recognized its inability to provide valid vocational evaluation and work conditioning for deaf clients. The Communications Specialist acted as coordinator of the program. His duties in this capacity included diagnosis, prevocational training, vocational training, supportive counseling and personal adjustment training. He was also responsible for staff training in manual communication and problems of deafness. He acted as interpreter for clients. He served as liaison with Center and community staff and resources; these included clubs, schools and other organizations of and for deaf people.

The major findings of this pilot Project were: (1) that additional staff with depth knowledge of deafness, ability to communicate in all commonly used methods by deaf people as well as training in a rehabilitation discipline or para-rehabilitation discipline was necessary; (2) that a "Communications Specialist" alone was insufficient. A staff to concentrate on the deaf population and provide direct service appeared to be necessary, if effective service were possible using the resources and working with the staff of this Center.

Project RD-1304-S formally closed 31 December 1963. A six-month interim period ensued during which the final report of this RD-1304-S and the application for RD-1576-S were prepared. Minimal service was available for deaf clients.

Grant Proposal for VRA Project #RD-1576-S. The final phase of planning culminated in the preparation and submission of a proposal to VRA in 1964. The application requested funds to provide additional full-time staff, a Coordinator, a Social Case Worker, a Psychologist and a Vocational Counselor -- "all equipped with manual communication skills, and experienced in work with deaf persons, are seen as core elements in vocational rehabilitation programing for deaf clients." Quoting further from the original application:

> *Demonstration of Methods of Serving Deaf Adults in a Comprehensive Vocational Evaluation and Work Conditioning Center*
>
> PROJECT PLAN AND SUPPORTING DATA
>
> I. PROJECT PLAN
>
> A. Purpose
>
> The purpose of the Project is the development of services to meet effectively the vocational rehabilitation needs of deaf adults in

a comprehensive work evaluation and conditioning center through a program of total assessment, training, placement and follow-up, coordinated with existing public and voluntary resources.* The Project represents an extension of research and demonstration initiated under Project No. 1304 during the period July 1, 1963 through December 31, 1963, entitled "Integration and Development of Services for the Deaf in a Comprehensive Vocational Evaluation and Work Conditioning Center," and embodies one aspect of that Project's purposes, i.e. "to develop a Project proposal for serving effectively the vocational rehabilitation needs of the deaf in a multidisciplinary multidisability vocational rehabilitation center, as differentiated from a specialized disability center or school for the deaf."

B. Type

The type of the Project is primarily demonstration, with strong elements of current and future research. Its identification with New England Rehabilitation-For-Work Center of Morgan Memorial, Inc. lends regional significance.

C. Justification

The Need

The applicant, in the course of establishing the New England Rehabilitation-For-Work Center as a regional facility for the severely handicapped through Project No. 610, has become closely familiar with the programs, resources and personnel concerned with vocational rehabilitation of deaf persons in the area. In its initial application for a research and demonstration grant, when defining the purpose of the Center, the intent was expressed "to provide special attention to those disabilities such as the cerebral palsied, the epileptic, the visually handicapped and the deaf.... "

The Center is aware that vocational rehabilitation services specifically adapted to the needs of deaf adults are almost totally lacking throughout the entire region. Such needs have their roots in the unique language-communication handicaps characteristic of this disability group and require attack based on skills in communication and understanding which are not represented on the staffs of rehabilitation agencies.

Furthermore, the Center, through careful and persistent investigation under Project No. 1304, is convinced that the extent of the need for vocational rehabilitation services to deaf adults merits direct action to remedy the discrimination from which this group suffers in being deprived of opportunities available to all other severely handicapped persons.

The number of deaf in the United States has been cited ("Research Needs in the Vocational Rehabilitation of the Deaf," American Annals of the

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* For the purposes of this Project, the term "deaf" is applied to "those in whom the sense of hearing is non-functional for the ordinary purposes of life." This definition was adopted by the Conference of Executives of American Schools for the Deaf in 1938.

Deaf, September 1960, pg. 342) as approximately 200,000. On the basis of this estimate, it can be deduced that there are perhaps 11,700 deaf in New England of whom about 8,000 are between the ages of 15 and 65.

Evidence of the magnitude of the need and extent of the demand was found in the data supplied to the applicant by the Massachusetts Rehabilitation Commission and submitted as part of the application for Project No. 1304. Such data revealed that in October 1962 there were 241 clients active on the Commission roles with hearing loss of 60 or more decibels.

Contacts by the Communications Specialist on Project No. 1304 with deaf people in the Boston community and elsewhere in New England have added abundant empirical evidence of need and desire for vocational rehabilitation services. From formal interviews and social intercourse to impromptu visits in search of jobs, this disability group revealed a vigorous demand for such assistance as is envisaged in this Project - social, psychological, vocational. Equally evident was an outspoken reluctance to seek help from official agencies where, because of the language-communication barrier and a long history of inability to comprehend the problems of deaf persons, frustration was viewed as a foregone conclusion. The number of such individuals cannot be accurately estimated but it seems certain to exceed the actual deaf roster on State agency roles.

Therefore, it is believed to be a fact that there are literally no facilities in New England that are staffed to meet the vocational rehabilitation needs of deaf adults through provision of the specialized personnel and resources required for effective service. Moreover, it can be reasonably assumed that there is a sufficiently significant number of such handicapped persons, either known or not known to official agencies, to merit intensive coordinated professional attention.

This completed the pre-planning and preparation for this Project.

THE SETTING

NERFWC was in its fourth and final year as Project #RD-610. Very few deaf clients had been in attendance during this time, and the Center staff recognized serious lacks in the services they were able to offer deaf clients.

The physical location of the Center, although centrally located in the metropolitan Boston area, left much to be desired. It was in a neighborhood slated for redevelopment. The buildings were generally unattractive, dirty, and in a state of disrepair.

In the Center building itself, a series of work sample "stations" had been set up for vocational evaluation. These were

non-paid activities. A few blocks from the Center was located the Boston Goodwill Industries building. This setting could be used for work conditioning and work experience. These were usually paid activities at a sheltered workshop rate.

Although some changes took place during the course of the Project, this was the setting in which the Deaf Adult Project operated.

SECTION TWO

IMPLEMENTATION OF PROJECT PLAN

EARLY DEVELOPMENT: 1 JULY 1964-30 JUNE 1965

The Deaf Adult Project was superimposed on this background. The major purpose was to develop and to provide quality rehabilitation services with deaf people. The most immediate concern was for the acquisition of competent staff.

ADMINISTRATION

During this first fiscal year the Project Director, William F. Stearns, was concurrently director of the New England Rehabilitation-For-Work Center. In both capacities he was directly responsible to the executive secretary of Morgan Memorial, Inc. A consultant in hearing handicaps was retained during this period, an audiologist-psychologist, and was very helpful in advising the administrative staff during these early months. The only full-time Project staff person at the beginning of the Project was the Coordinator, formerly the "Communication Specialist" of VRA Project #RD-1304-S. At the end of this first year, 30 June 1965, the Project Director resigned.

STAFF DEVELOPMENT

This Project operated very much like RD-1304-S during the first six months of the first fiscal year. The unavailability of qualified staff, -- thoroughly knowledgeable in the area of deafness and qualified in a rehabilitation discipline -- was critical. Recruitment response was disappointing. Attempts to implement some of the Project's goals with the existing Center staff during the interim were largely unsatisfactory.

After a six-month search the Project Psychologist was recruited. He was a man who, along with his background in psychology, had personal and professional knowledge of deafness and could communicate both orally and manually. The Project lacked a rehabilitation counselor and a social worker at the end of the first year. Recruitment continued.

PROGRAM DEVELOPMENT

The two full-time Project staff members attempted to include deaf clients in the caseload of the Center. Insofar as possible they abided by the procedures of the New England Rehabilitation-For-Work Center. The usual program of work evaluation at the Center was given to all of the early clients of the Project.

In an attempt to make the program as relevant and complete as possible with the available staff, the Project Psychologist functioned in a variety of roles. He accepted duties in the area of rehabilitation counseling and social work. His knowledge and understanding of the problems of deafness and his ability to communicate allowed this kind of substitute service responsibilities.

It became evident that the deaf client required considerably more time than the hearing client for the same kinds of services. Also, because of incomplete records on referral, it was necessary to initiate expanded programs for deaf clients that were not part of the general Center program. Among other services that were altered or

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The Project's first client with the Project Director: Instructions were given in manual language when necessary. Counseling sessions were conducted in the same mode, depending on the preference and ability of the client. Other evaluative and conditioning procedures, e.g., "work sampling," "client group meetings" were followed during this early stage.

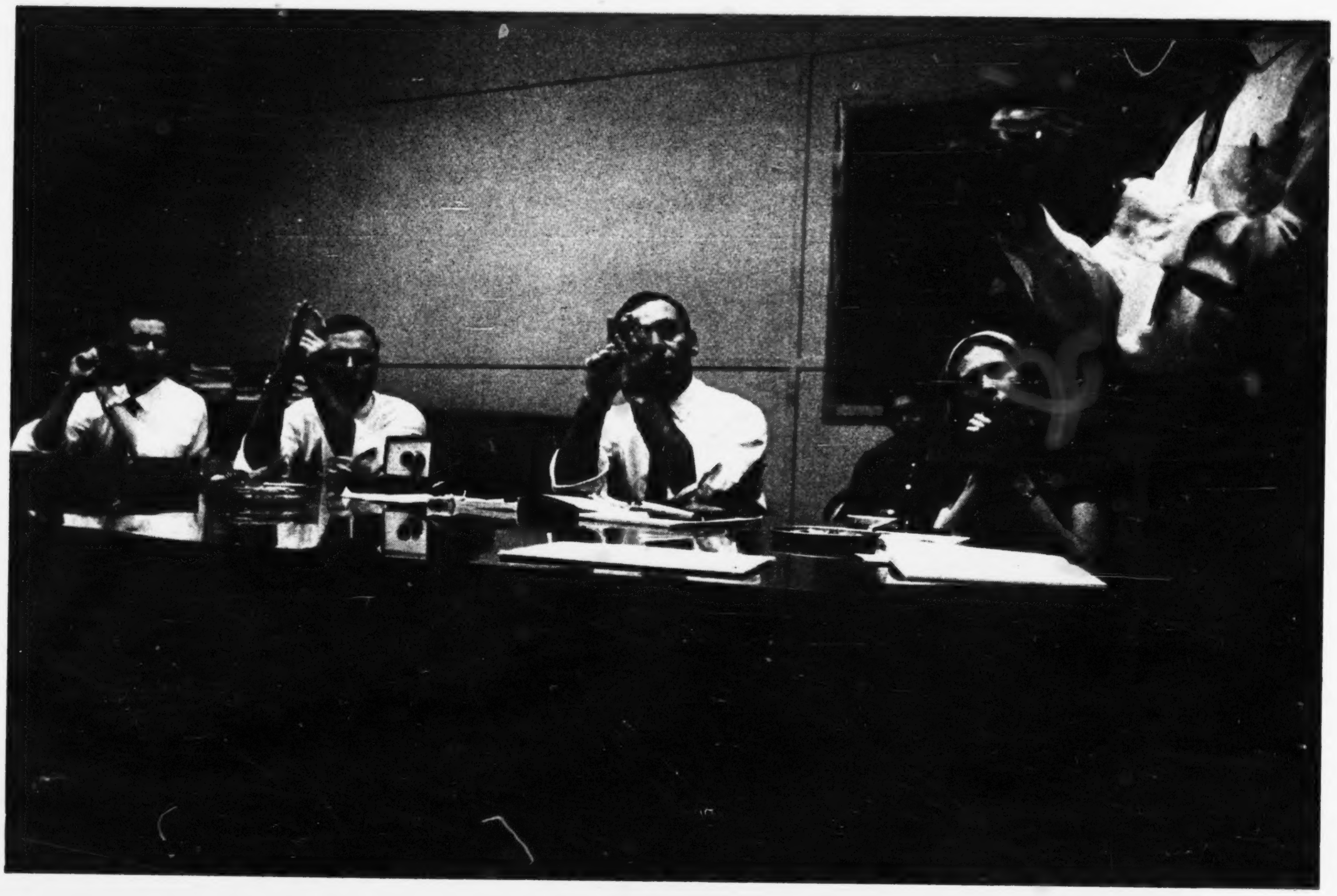
added during the latter part of this first year were: home visits for intake and background information, close alliance with schools for the deaf, interpreting, psychological testing, and counseling procedures.

In order to develop and solidify adequate psychological assessment services the Project Psychologist conferred with the Center psychologist and a clinical consultant in psychology. The availability of these men plus the interesting aggregate of potential for psychological service they represented, appeared to be fortuitous in relation to the deaf client. One, a hearing man with no prior experience with deaf clients, had full preparation in psychology. The other, a deaf man, with little experience with deaf adults, did not communicate well manually, had excellent oral skills and was well versed in clinical psychology. Together with the Project Psychologist these three men, not only had much to teach and share with each other, but conceivably had the makings of as fine a psychological team as could be hoped for in relation to serving deaf clients. Because of this turn of events, the Project did become somewhat heavily weighted in the area of psychology.

As the psychological services became more applicable, the lacks in the staffing pattern became even more apparent. The need for a rehabilitation counselor and a social worker was acute. The program was proportionately impeded.

IN-SERVICE-TRAINING IN THE AREA OF DEAFNESS

During the pre-Project period and this early phase, classes in manual communication were given to the Center staff. These were begun by the Project Coordinator and later continued by the Project Psychologist, who had written a text on the subject (Falberg, 1963), and had taught many such classes before joining the Deaf Adult Project.



A typical class in manual communication offered to Center staff, parents of Project clients, residence supervisors, students and interested citizens.

It had been anticipated that the Project staff would conduct such in-service training for the regular staff. This was done from the beginning of the Project both in manual communication and in relation to the problems deafness causes for some people. These orientation sessions also extended into the New England region. The Project Coordinator and later the Project Psychologist in this first year provided orientation and instruction to schools for deaf pupils, state divisions of vocational rehabilitation, clubs and associations for deaf persons, parents and teachers. Evening and Saturday sessions were not unusual.

CLIENTS - SERVICES

Fiscal 1965 was of necessity largely developmental. There was a necessity to attempt to stabilize Project-Center relationships and determine the parameters of the Project. Of the 22 referrals 10 were served. These included some who were carried over from the pilot project.

Served. Of the 10 clients served during fiscal 1965 seven were male and 3 were female. They were in the following age brackets:

	No.	Age
	5	15-19
	1	20-24
	2	25-34
	1	35-44
	1	45-54
Total:	10	

Not Served. Lack of staff and service experience were the main reasons twelve of the 22 applicants during this first year were not served. Also there was negligence on the part of the Project staff in not following through on referrals. Along with the lack of qualified staff at this time and some faulty handling at intake, other reasons for not providing service to these 12 people were:

(1) DVR did not maintain contact with Project after initial referral;
(2) clients were not interested in the Project services; and
(3) services were not applicable.

IMPLICATIONS OF EARLY DEVELOPMENT

Unpreparedness on the part of the project became apparent in its early phases. Competent staff was next to impossible to obtain. Although some major compromises were made later, at this time the Project Coordinator required staff who could communicate manually along with competence in his discipline. Search for a rehabilitation counselor, a psychologist and a social worker met with no results for six months. The demands for fully qualified staff were not relaxed, because the Project administration was convinced that certain skills and qualities should not be compromised: (1) knowledge about deafness per se, (2) capability in one of the rehabilitation disciplines and (3) ability to communicate at the language level and in the mode desired and/or most adequate for the client.

LATER DEVELOPMENT: I JULY 1965-31 DECEMBER 1967

The second phase of the Project was much more productive and more representative of the demonstration. This is especially true of fiscal 1967. Clients were referred and served in larger numbers and the staffing pattern was as near complete as at any time in the entire Project period.

ADDITIONAL SERVICES FOR DEAF CLIENTS

It became apparent that in order to provide meaningful services to deaf clients, additional services would be required. Very little information was available from the State counselors in relation to the clients who were referred, and the volume of clients was considerably less than expected. An active system of casefinding and extended services was begun. These services exceeded those given the hearing clients in length, intensity and quantity. They were in three general categories; Rehabilitation Counseling, Psychological Testing and Counseling, and Social Casework consistent with the Project plan, even though no Social Worker had yet been recruited.

Several other services, not initially planned, were found to be necessary, desirable or worth exploring. These included tutoring, mobile evaluation, summer program for pupils near the end of their special education, work-ups prior to evaluation to stimulate referrals, and follow-up after evaluations to insure continuity and proper service. Interpreting services were available although the lack of certified or competent interpreters served to limit the provisions of this service to the degree it was needed.

ADMINISTRATIVE CHANGES

The Project Director resigned, 30 June 1965, and the Project Coordinator was appointed to this position by the Executive Secretary of Morgan Memorial, Inc., I July 1965.

A new director of the Center was appointed in October, 1965. No other administrative changes related directly to the Project. There were many organizational shifts and variations in the general structure of the Agency and the Center that did affect the Project. These were too numerous and many too transitory to justify further comment.

STAFF ADDITIONS AND CHANGES

Rehabilitation Counselor. Coinciding with the administrative changes of the Project, a Project Rehabilitation Counselor was recruited, I July 1965. He met every requirement for the position. He functioned in this capacity for one year, and was appointed Project Coordinator, I July 1966.

Social Worker. In contrast, after 18 months a social worker was recruited on I January 1966. Considerable compromise in relation to job qualifications was necessary in order to fill this position. This man was young and relatively inexperienced with no knowledge of deafness or ability to communicate manually with deaf adults. A period of training was necessary, and this was done during the remainder of the grant period.

In August of 1966, because of the extreme difficulty in staffing the Project, a former Gallaudet College teacher was appointed to serve as Rehabilitation Counselor under the supervision of the Project Coordinator. This man came with adequate manual communication skills and a knowledge of deaf college students.

Staffing Completed. Although inexperienced and, in some positions, not fully qualified, the Project had a full staff for the first time. The ability to provide services to deaf clients increased dramatically. In the table below a complete graph of the staffing pattern for the entire project period is presented.

STAFF

MORGAN MEMORIAL, INC.

Henry E. Helms, Executive Secretary, Morgan Memorial, Inc.

Gordon B. Connor, Ed.D., Director, New England Rehabilitation-For-Work Center

DEAF ADULT PROJECT

Clifford A. Lawrence, Ed.M.	Project Director
Geno M. Vescovi, M.A.	Coordinator
Herbert K. Goldberg, M.S.S.W.	Social Worker
Ann S. MacIntyre	Tutor/Counselor-Aide/Interpreter
Judith A. Grantham, B.A.	Counselor
Linda Swartz	Secretary/Interpreter
Theresa Shotwell	Secretary

FORMER PROJECT STAFF: CONSULTANTS AND SPECIAL PERSONNEL

William F. Stearns, M.A.

Albert W. Koch, Ed.D.

Roger M. Falberg, M.A.

Richard E. Thompson, Ph.D.

Robert Dantona, Ed.M.

Stephen A. Chough, M.S.S.W.

Frank Powdermaker, M.A.

Dorothy M. Cronin

Gale Perron

Rosalie Wilson Williams

Herman A. Schill, Ph.D.

John P. Carroll, Ed.M.

Billy R. Wales, B.A.

Edith Pinette

Rita M. Britton, B.A.

Jane D. Bolduc

Kathleen O'Leary, B.A.

Norman Hurst, B.A.

Frederick L. Ralston

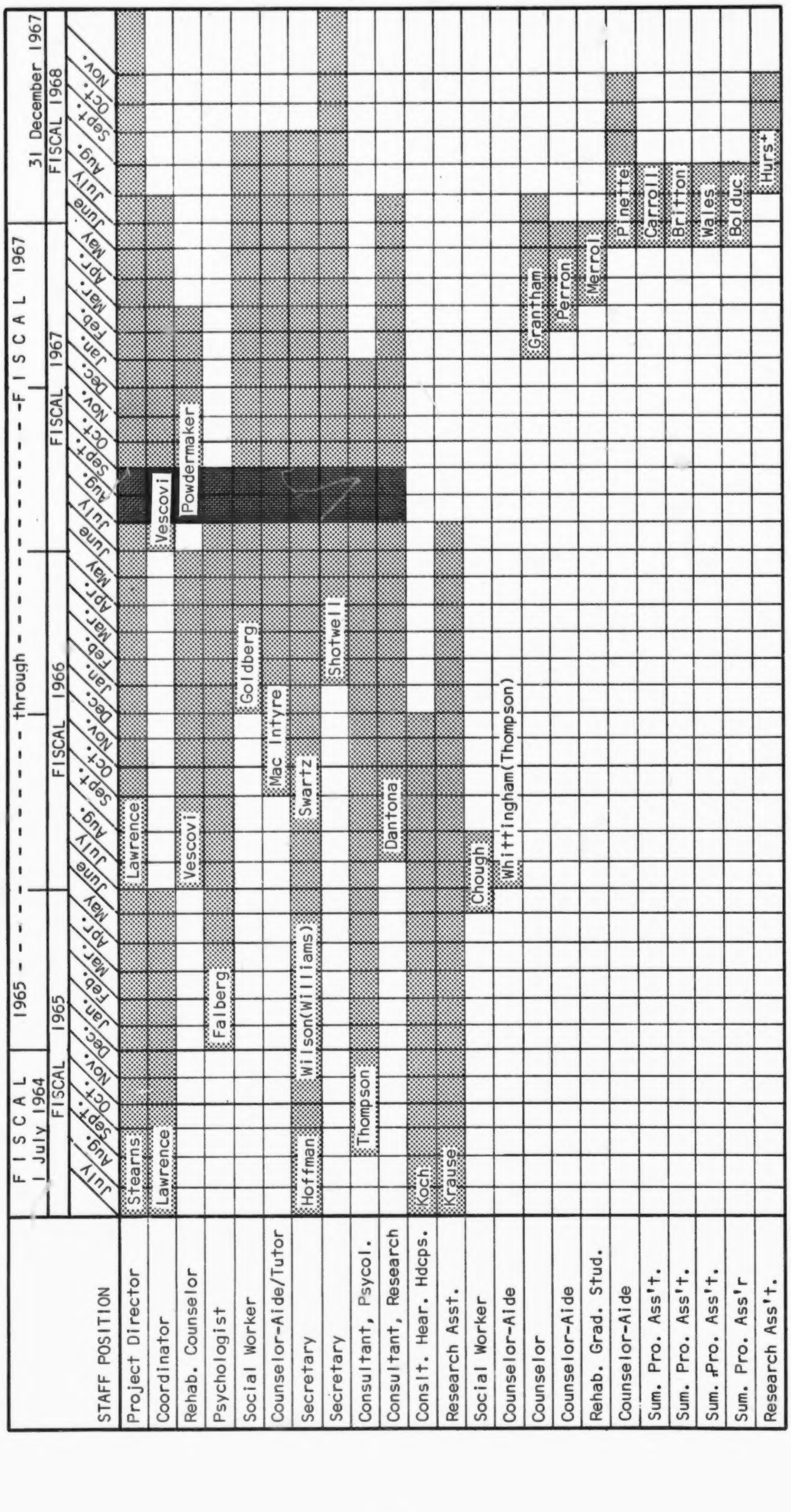
Faith Mero, M.A.

Arlene Whittingham Thompson

M. Stuart Strong, M.D.

Members of the New England Rehabilitation for Work Center Staff

PROJECT STAFFING PATTERN



PROJECT PROGRAM

With an adequate staff the ability to carry out the major goals of the Project proved evident. Deaf clients were referred in significantly larger numbers and services were improved qualitatively as staff capabilities would allow.

Clients. It was not anticipated or planned for, but the client population was skewed in the direction of the young, 15-24, multiply handicapped* person. The majority, 66.66%, came from two state DVR's, Massachusetts and New Hampshire. Over a three-year period a total of 194 clients were referred. Of these, 126 received significant service from the Project staff.

Services. Generally a concerted effort was made to bring to bear the disciplines of rehabilitation counseling, psychology and social work as they related to the general and individual problems the clients presented.

REHABILITATION COUNSELING

The core service in a program of this nature is rehabilitation counseling. While there is some question about the absolute necessity for a person in other of the disciplines to be able to communicate manually in order to serve deaf clients, this skill is an absolute necessity for the staff person in the counseling position. All other information relates to this. Most direct and continuing contact with the client depends on it. The whole program centers around this service.

The Project Rehabilitation Counselor, joining the staff at the beginning of fiscal 1966, met all the requirements for his position. The service program he was able to develop was extensive. Virtually all services commonly offered by a rehabilitation counselor, from intake to follow-up, were given.

The table below shows a three-year summary of the services in the vocational area alone. In every case the Rehabilitation Counselor provided the necessary counseling, placement, follow-up and support as required by individual clients.

These were essentially the "in Center" services. As the table indicates, very few clients participated in vocational training. The high incidence of multiple handicaps was one reason. Another obvious reason was the scarcity of available training sites in the Greater Boston area for these clients. The rehabilitation counselor was forced to locate and/or develop training outside the Center.

A more detailed discussion and tabulation of clients and the services given to them is available in sections three and four of this report.

Rehabilitation Counseling Duties and Activities: The Project Rehabilitation Counselor had responsibility for providing or coordinating all rehabilitation services offered by the Project. He worked closely with other members of the Project staff and cooperated with referring State counselors to provide continuity of service. He had general responsibility for case handling from intake to closure with particular accountability in the vocational spheres of the Project.

Scope. The Counselor established and continued professional relationships with agencies, associations and institutions and aided in dissemination of Project information to special groups and individuals in the Boston and New England region. He

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* See appendix for definition.

Table 3.

Distribution of Services for Fiscal Years 1965, '66 & '67
Work Evaluation, Work Conditioning and Vocational Training

Age	No Work Eval.or Voc.Train.	Work Eval. No Voc. Train.	No Work Eval. But Voc. Train.	Work Eval. and Voc. Train.	No Data*	Total Clients
15-19	33	6	1	0	0	40
20-24	18	12	0	2	0	32
25-34	3	5	0	3	0	11
35-44	3	9	0	2	0	14
45-54	1	6	0	4	3	14
55-64	6	0	0	1	4	11
65+	0	0	0	0	4	4
Totals	64	38	1	12	11	126
%	50.80	30.16	.79	9.51	8.73	100%**

* Date was not available or applicable, the client was improperly diagnosed, referred or served or the services rendered did not warrant or allow access to this information.

** Percentages are to slide rule accuracy; totals vary slightly through the report.

stimulated referrals. He participated in all aspects of service. He was an integral part of research activity and made significant contributions in helping to define the problems and purposes of the Project in terms of the current client population. He helped to appropriately modify and implement the originally conceived methodology and noted deviations important for Project development. The Counselor spent six months functioning in and sharing the role of social worker with the Project Psychologist until a full-time social worker was recruited. Even after this time, because the Social Worker had very little knowledge about deafness and no experience with deaf clients, he and the Psychologist provided constant in-service training. In addition to providing instruction in manual communication, the Project Rehabilitation Counselor continued to have a large part in developing and assisting in the social work commitments of the Project. He had important involvement in establishing pre-admission procedures, writing reports based on information obtained and presenting them to the rest of the Project staff for admission and programming consideration. In this later stage of development the scope of the Project's rehabilitation counselor's duties and activities were as broad as the Project itself.

Emphasis. When functioning as Rehabilitation Counselor exclusively, the focus was primarily upon the definition and interpretation of basic work abilities, aptitudes, attitudes and personal characteristics shown by each client as he carried out work sample assignments. This evaluation process was carried out on three work levels:

(1) Sheltered,
(2) Pre-Vocational and
(3) Vestibule (or Entry)

The counselor cooperated closely with the Center foreman in the evaluation of clients in the Center. The work sample evaluation began when a client started his Center tenure. The Project Rehabilitation Counselor was available at any time for supportive counseling. No special, preliminary traditional tests were administered by the Project Counselor. It was felt that the work sample stations were an accurate means (although not refined to produce maximum results -- this was not the Tower system) of predicting the success of the client in most general work areas. Supplemented by traditional psychological tests (modified to suit the needs of the deaf client as described in the following section on psychological evaluation) it gave a better balance and more complete estimate of client capability and potential than would have been possible otherwise. There was very little opportunity to test the use of actual paid work situations in order to assess the same things. There was strong opinion in favor of this more concrete approach for deaf clients as it was recognized that the work sampling was often much too abstract a concept for many of the clients who were referred to the Project. At the same time several clients were very quickly judged beyond the evaluative limits of these work samples. There was no established way to adequately test this kind of person within the philosophy and facilities available at the Center.

Function. The Project Rehabilitation Counselor was originally expected to function for deaf clients in much the same manner as the Center staff person in a similar position with hearing clients. The scope of his role was, however, much broader and, of necessity, somewhat ambiguous. His varied duties and responsibilities and the dynamic nature of the Project never allowed a permanent delineation, such as was possible for Center staff counselors. Because his position permeated all activities of the Project, he was more a provider of *all* rehabilitation services plus a coordinator of the support services. He was seen by some clients as a "sounding board" and by others as a "role identification figure." He substituted for and aided the Project Social Worker. At times he supplied information that supplemented or modified the assessment of the Project Psychologist. Clarification of his role was further complicated by his promotion to Project Coordinator at the beginning of fiscal 1967. His functions in both capacities overlapped, and, although not easily definable, were the life blood of Project activity.

Specific Services of the Rehabilitation Counselor. The important contributions of the Rehabilitation Counselor-Coordinator in the later development of the Project is underlined by the quantity and the quality of service initiated and delivered. Work evaluation alone was a small part of the Project counselor's service activity. The full range of social and rehabilitation services--from first contact with the client through intake, evaluation, training, placement and follow-up--was successfully developed for and delivered to deaf clients during fiscal 1966 and 1967. In the beginning of this phase of the Project strict attention continued to be paid to one of its stated purposes, i.e., to help deaf adults become ready for work or to become and to remain suitably employed. This goal was necessarily modified and expanded in order to more realistically comply with the needs of the deaf individuals coming to the Project. The Project Counselor was principally responsible for providing, evaluating and reporting on this expanded program of services. The most significant of these are outlined below:

Evaluation in Center:

Work evaluation was an in-Center activity carried out on a series of work sample "stations." The client's level of present vocational functioning was assessed and a judgment made of his vocational growth potential. Definitive information from the work sampling activity was supplemented by observational notes of the Counselor during the manipulation of the samples, operation of machines and performance in industry-related activities. With deaf clients it was necessary to provide a lengthy orientation to the evaluation. It was also necessary to take time and teach language essential to the situation that was unfamiliar to the client. It was the Counselor's responsibility to instruct in activities that did not lend themselves to demonstration by the Center work evaluator. The abstract quality of the work sample stations, from the deaf client's point of view, demanded many man-hours of explanation from the Project Counselor. It also fell to the Counselor to meet crisis situations during the work evaluation, where a fluent ability in manual communication and a thorough understanding of the deaf client was imperative and not within the capability of the Center staff person.

Vocational Interest and Aptitude. Clients referred to the Deaf Adult Project were usually--but not always--evaluated for vocational aptitude on the same work sample stations used by the Center for hearing clients. Obvious exceptions, e.g., the telephone switchboard and radio-television stations, were made as dictated by deafness. Stations measuring manual dexterity and ability to handle tools were routinely included. No stations testing cooperative work abilities were available. Only one paid work station was available; this was inadequate to test wage-incentive.

Although the concept of work-sampling evaluation was found to be too abstract for the majority of the clients seen in the Project, very little formal aptitude testing was done by the Project psychologist. The staff relied mostly on the skill of the Project Rehabilitation Counselor for information in this area. Observational data and intensive counseling sessions provided the most reliable sources for this information.

Many aptitude tests involve the use of rather sophisticated language, and they were found to be inappropriate for many of the clients of this Project who had so severe a language handicap. Those aptitude tests which were used occasionally were the Minnesota Paper Form Board, and revised and suitable subtests of the Aptitude Tests for Occupations. (These are reviewed in the Psychologic-Psychiatric section of this report.)

A detailed report of the work evaluation was submitted at the weekly staff meeting by the Project Rehabilitation Counselor. Included in the report were an estimate of independent living capabilities and prevocational and vocational skills.

Work conditioning was the other broad category of service in the Center. Although this logically comes under training, it was found in practice to be so intermeshed with the other services, that separation is possible only for discussion. Rehabilitation counseling, based on the evaluative reports and observational information, was intensified at this level. The Project Counselor was singularly responsible for this service. When placement at Goodwill Industries, the usual procedure for hearing clients, was not available or applicable, the Project Counselor would have to find a sympathetic outside situation. Community Workshops of Boston was extremely cooperative in providing such placements for work conditioning. The Project Counselor was able to maintain close contact and provide whatever support, interpretation, or counseling that was indicated.

Training in Center:

Training in the New England Rehabilitation-For-Work Center was generally limited to activities specifically related to placement within the Goodwill Industries or at a vestibule or entry level. These included typing, lithography, machine operating, electrical appliance repair, comptometer and addressograph operations. In every instance, if the deaf person were to participate fully, the Counselor had continually to assist.

Personal adjustment training was highly individualized for deaf clients. While this is perhaps more appropriately the area of the Project Social Worker, it could not be separated from the services given by the Counselor in practice. As a group the deaf clients seen during this Project were particularly weak in the area of personal and social awareness. The Project Rehabilitation Counselor had a large part in providing this service in the Center.

Individual and Selected Services and Programs in Center:

In order for the evaluation and work conditioning services to have meaning, several support services were instituted in the Center. These were developed within or as extensions of existing Center or community resources, although not restricted to these. Where needed services were not available or were not suitable, the Project attempted to provide them. These included parent information and counseling, consultation with State counselors and other referral sources, interpreting, instruction in manual communication, assistance to residence supervisors, tutoring, summer enrichment programs, coordination of otological and audiological examinations, supportive counseling, orientation for employers and OJT personnel, supervision of counselor aides and graduate students in rehabilitation, placement and follow-up.

Out-of-Center Services:

A major development, pivoting around the activities of the Project Rehabilitation Counselor, took place outside the Center and its general service procedure. The services provided were in addition to those conducted "in Center." They were inaugurated specifically to comply with the regional commitment of the Project. The Counselor authored and participated in "mobile evaluation" and other field services for New England state rehabilitation agencies and deaf clients on their case loads. The most relevant of these "out-of-center" services are listed below.

Field "Mobile" Evaluation:

This service included consultations with referring counselors, the client or clients, family, school, relatives and employers (past and/or current) as needed. Delineation of the salient vocational problems was communicated to the State DVR counselor in written comprehensive reports with indicated recommendations for action.

Other Field Services:

Vocational Counseling.
Assessment of client's work history and work potential.
Interpreting.
On-the-job assistance.
Casefinding.
Placement.
Supportive counseling.
Follow-up.

Orientation for MRC and other New England DVR's and national, regional and state workshops and professional meetings also demanded that the Rehabilitation Counselor and other of the Project staff be absent from the Center.

Whether the activity was related to an "in-Center" or "out-of-Center" context, except from the point of view of financial support from the referring source, no client was ever considered "closed."

Ancillary Activities of the Rehabilitation Counselor. During this entire later phase of the Project the Rehabilitation Counselor functioned in these varieties of roles. They do not lend themselves to so concise delineation as is possible for other disciplines, but his activities permeated and coordinated the entire Project activity.

In fiscal 1966 he shared reporting duties with the Project Director. This was a time consuming, but necessary, task in order to keep the referring counselor informed of the progress of his client. It required the compilation and interpretation of all the information from all sources and all phases of programming. For the entire 1967 fiscal period he had sole responsibility in this area. A typical report would include most of the elements in the outline below:

Initial Contact

Evaluation of Referral Information

Pre-admission Visits

a. field visits to home, school, work
b. Center visit by client/parents/counselor

Staff Meeting to Evaluate for Admission

a. to evaluate adequacy of information
b. accept/reject for admission - or refer
c. tentative program and "handling" of client
d. staff assignment
e. admission date-residence?

Admission

a. orientation counseling (2-3 weeks)

Brief Staffing (4-5 weeks)

a. initiation of psychological testing
b. intensive social history
c. tentative date for full staffing

Full Clinical Staffing (at 8th week)

a. presentation of individual staff reports
b. discussion (of above)
c. formulation of final staff findings and recommendations
d. assignment of "follow-up" staff member

Feed Back - Report to Referral Source

a. counselor
b. client-parents

Follow-up and Implementation

This model varied in length and intensity with the individual client. With a few clients it was a matter of weeks. Some required years. For this reason, a Project client was never considered "closed" from the point-of-view of the Project staff.

Other ancillary duties included supervision of students, counselor-aides and part-time staff; lectures to state and local agencies; research and training.

In conjunction with the Project Psychologist and the Project Social Worker--to be discussed next--the Project Rehabilitation Counselor and later as Coordinator functioned both in direct, supervisory and pivotal capacities for all phases of the Project's program.

PSYCHOLOGIC-PSYCHIATRIC SERVICES

The need for both research and direct clinical services in the psychologic and psychiatric disciplines for deaf clients is extreme. It is close to impossible to find competent service in either area for the deaf adult in the New England region. The lack of available resources is even more in evidence, to the point of non-existence, for the deaf person who does not have good oral or written language skills.

Psychological Testing and Counseling. The Project Psychologist did an outstanding job in developing procedures, administering pertinent tests and counseling deaf clients. He, with the rest of the Project staff, gradually developed uniform and more reliable evaluative techniques than had been available. These were oriented specifically to the type of client most often seen; i.e., the adolescent, prelingually, multiply handicapped deaf person who has very limited communication skills and who has not succeeded in acquiring sufficient language skills via the oral method predominant in New England schools for deaf children. Treatment or therapy, other than counseling, was often needed but such service was unobtainable.

Testing Procedures. The primary purpose of psychological testing in this Project was to arrive at a better and more complete understanding of the total person. This related to discovering the individual's potentials and aiding in designing an adequate rehabilitation plan.

The Project Psychologist and the Project staff believed that the deaf client had as much right as any other client to understand why he was referred to the Project and why he was to undergo psychological testing. This required that each client be oriented to the Center and to the psychologic evaluation. Ideally, a client should know why he was being assigned to various work stations, and should know why he needed to go through a battery of tests. The ideal was not often achieved with the clients of this Project because of the abstract process of work-sampling evaluation and the high incidence of illiteracy and poor communication skills in the clients most often seen. Proper orientation was felt to be vital to the psychological testing procedures, in order to obtain a valid indicator of the client's potential.

Assessment of Current Level of Functioning. Following orientation, Project clients were given a battery of tests. Tests were added or eliminated as dictated by the needs and capacities of the particular client. The tests selected by the psychologist were designed to evaluate current level of functioning in five major areas: (1) Intellectual; (2) Memory and Perceptual; (3) Scholastic Achievement; (4) Vocational Interests and Aptitudes; and (5) Personality. A description of the tests, the procedures and the rationale follows.

INTELLECTUAL FUNCTIONING.

The Performance Scale of the Weschler Adult Intelligence Scale (WAIS) was used to evaluate the client's current level of intellectual functioning.

Language deficiencies in the prelingually deaf person precludes the use of verbally oriented tests. Instruments that assume that the subject has had an opportunity to acquire language facility by virtue of having had normal hearing from birth are not applicable and do not yield valid scores. Testing procedures that assume lipreading abilities also vary with the basic assumptions of tests of this kind, e.g., the General Aptitude Test Battery (GATB) commonly used by state employment service offices. For these reasons the GATB, and other tests like it, cannot be used to obtain a valid estimate of the current level of intellectual functioning in the prelingually deaf client. The reader is referred to Levine (1960) for further discussion of the extent to which language deficiencies affect the use of verbally-oriented tests with prelingually deaf persons.

The use of the WAIS Performance Scale was decided upon because it offers a variety of situations under which behavior can be ovserved and abilities can be measured. Instructions can be given in pantomime, and even deaf persons who have no formal communication abilities whatsoever can be tested.

Modified Testing Techniques and Procedures. Some supplementary techniques have been added to the standardized administration of the WAIS by the Psychologist of Project #RD-1576-S. One of these was that every person was allowed to reach a point approximately two-thirds of the way through the Digit Symbol test. His progress is noted at the end of each 30 seconds throughout the test. If he has not read the last line in the standardized time limit of 90 seconds, he is then told that he did well, and is requested to work the last line "as fast as you can." The purpose of this is to determine whether the individual is able to maintain his initial pace or increase it when he is praised for previous achievement, or whether added time pressures introduce increased anxiety and interfere with efficient functioning in the visual-motor sphere. Only that portion of the test completed correctly within the first 90 seconds is included in the actual score.

Another technique was tried with the Picture Arrangement subtest. Late in Fiscal 1965, it was noted that many clients did more poorly on this subtest than on others. The instructions for this subtest are slightly more difficult than they are for the others. There was also the question as to whether the client understood the instructions. To insure that directions were understood, clients with adequate communication skills were asked to tell the examiner the story they had laid out. This enabled more confident interpretation of weak scores on this test. Since the test assesses the individual's ability to perceive the logical sequences of social situations, weakness in this capacity could more readily be pinpointed. In addition, the stories were somewhat analogous to stories obtained by the Thematic Apperception Test, and sometimes gave clues to possible emotional involvement.

Where the client's reading level was high enough, standard modification of the Verbal Scale of the WAIS was also administered. A loose-leaf binder was used. The questions in the Information, Comprehension and Arithmetic subtests were each typed on separate sheets of notebook paper. The word pairings in the Similarities subtest were also typed on individual sheets. The language of the questions was greatly simplified. Levine's revisions were used as a starting point. (Levine, 1960)

If this technique is used by other psychologists, it should be remembered that the Verbal score is useless as a quantitative evaluation of intellectual functioning.

Qualitative information and a better understanding of the personality, rather than intelligence, can be obtained by assessing the person's behavior and responses.

In general, if a client tested at or below third grade in reading, it was not feasible to attempt to use the simplified Verbal Scale.

MEMORY AND PERCEPTUAL FUNCTIONING

Three tests were most commonly used to evaluate this area of a client's current level of functioning: (1) the Bender Visual-Motor Gestalt Test; (2) the Graham-Kendall Memory-for-Designs Test; and (3) the Weigl-Goldstein-Scheerer Color-Form Sorting Test.

Bender-Visual-Motor Gestalt and Graham-Kendall Memory-for-Designs Tests. These tests are well known and need no description here. No difficulty in administrating them to deaf clients was experienced. Manual communication was used to introduce them, when applicable, but no other significant changes were made. Both could be given successfully to clients with no communication abilities by demonstration. Testing for motor and perceptual functioning and evidence of neurological impairment were the major goals of these tests.

Weigl-Goldstein-Scheerer Color-Form Sorting Test. Not as well known, this test was developed by Goldstein and Scheerer in 1941 to assess abstract and concrete behavior. In addition to providing clues to neurological impairment, the test was used to observe behavior in this relatively unstructured situation to arrive at a better diagnosis. The Weigl-Goldstein-Scheerer test places the subject in a situation where instructions are very minimal--"Make groups that look right to you." The client's subsequent manipulation of the test materials is observed, his groupings noted, and he is asked why he grouped them as he did. With a hearing person, the relatively abstract concept of "form" or "shape" can be assumed to be present in his vocabulary. This cannot be assumed with most prelingually deaf persons; their responses must be more carefully interpreted. If the client groups casually according to a relative abstract concept, but does not have either the words "form" or "shape" in his vocabulary, indications are that neurological impairment is not present. Rigidity is inferred when he tries to form stars, traffic lights, and other familiar objects. Frustration tolerance is evaluated by asking for regroupings and observing behavior.

There have been instances where the performance of deaf clients on this test suggested severe emotional disturbance. The client arranged the test materials in accordance with internalized "rules," i.e., not according to any pattern found in reality.

SCHOLASTIC ACHIEVEMENT.

An accurate measure of the client's current level of academic achievement was seen as vital for meaningful rehabilitation planning. This was especially true when low achievement was found in conjunction with above average intellectual functioning. Planning for remedial work could be facilitated. The client could be adequately prepared to cooperate with further schooling, if it were indicated.

Clients in this Project were tested individually. While group testing procedures were most commonly used in schools, individual testing yielded more nearly valid reresults and enabled comparison with the group testing information.

It was felt important that the Project staff know, not only how much the client could do within the standardized time limits of the test, but also how well, if allowed to complete the entire test without regard to time limits. The psychologist noted the client's progress at the end of the standardized time limits, but he did not interrupt the client. The client was allowed to complete the test. "Timed" and "untimed" scores were recorded. In general, if the difference between the two scores was less than one grade level, the untimed scores were ignored and the timed scores accepted. If the difference is greater than a single grade level, both scores were reported and evaluated to determine the probable level of achievement. This method was found to prevent the usual penalty imposed on deaf clients who were also cerebral-palsied, overcautious or overanxious. It should be noted, however, that this method of individual testing was extremely time-consuming; requiring from three to six hours per client. All other areas of psychological evaluation--personality, intellectual, memory and perception, and vocational interest--combined for about four hours of actual testing time by comparison.

Rationale for Re-testing Deaf Clients. Aside from the individual versus group setting already discussed, the Project psychological staff was oriented toward the qualitative aspects of the client's behavior in the scholastic testing situation. Tests were administered regardless of whether the client's file contained results of previous testing. The qualitative aspects were clinically evaluated in conjunction with previous behavior in orientation interviews and counseling sessions. This subjective information did not lend itself to quantification. In combination with test results it gave additional predictive clues related to the probable performance of the client in social, educational and vocational situations. The procedure is not standard, and beneficial results depend on the skill of the examiner.

Scholastic achievement tests pinpointed specific weaknesses within broad parameters. These were not reflected on grade level transcripts. In Arithmetic Computation, for example, the client may have a grade score of 4.5. This could be misleading, if the client obtains a 7.0 in addition, 6.0 in subtraction, 3.0 in multiplication, and was unable to do division at all. Remedial tutoring in division was then feasible. More appropriate job placement was possible, if tutoring were not available.

Extreme caution must be used in determining vocational potentials on the basis of the scholastic achievement scores of prelingually deaf clients. In the first place, poor functioning in academic skills does not necessarily indicate a low potential for achievement. Nor does it necessarily indicate mental retardation or any of the other connotations such scores often assigned hearing persons. Some Project clients, male and female, have tested low and achieved far above that indicator. Scholastic achievement scores should be used only as guidelines, and in conjunction with other test results--particularly assessment of intellectual functioning--and with full recognition and consideration of the observations made by other staff members.

Specific Tests Used--Scholastic Achievement. The specific tests available for the assessment of scholastic achievement levels in the Deaf Adult Project were: The Stanford Achievement Test, the California Achievement Tests, and the Metropolitan Reading Test, Elementary Battery. An Expressive Language Test was also used.

The Metropolitan Reading Test, Elementary Battery. Except when the client was functionally illiterate, the Elementary Battery of the Metropolitan Reading Test was the first test administered. It was used because it was one of the few tests available that provided norms for deaf children. Special norms for the deaf person stop at the chronological age of 16.0-16.5, and this limited the use of these norms with the older deaf adult. However, many referring agencies and counselors are not familiar with the fact that the deaf client, as a whole, does not do as well in reading paragraph material as the hearing. In such cases, it is in the best interests of the deaf client if it is demonstrated that while he is reading at a level below the average of the hearing, he is actually on an average level when compared with the deaf adolescent population.

Stanford Achievement Tests, Primary I and II Batteries. Not all of the subtests in these batteries were usable with deaf clients. In Primary Battery I, subtests I and 2 in Reading are the only usable ones. All others rely upon oral directions from the examiner for each question or problem.

California Achievement Tests. All batteries of this test were on hand, but the Advanced battery was never used, and the Junior High Battery was used only once. Samples are provided--adequate for demonstration of instructions with deaf subjects--on many of the subtests. Where no samples are provided, as in the Arithmetic Computation section, the nature of the test is self-evident. Occasionally, in spite of the fact that samples were provided, it was difficult for a deaf person to understand what was expected of him. In such cases, however, it was usually found that the person's mental capacities for understanding were quite limited, or that emotional disturbances and/or negative attitudes toward school subjects were at the root of his inability to understand or reason.

Expressive Language Test. While standard achievement tests measured a person's ability to differentiate between correct and incorrect sentence structure, word usage, etc., they did not measure ability to express himself clearly in written language. This ability can often be assumed on the part of hearing people, but it cannot be assumed with the prelingually deaf person. Even if the hearing person could not express himself well in writing, he could resort to speech to make himself understood by other hearing people. Language deficiencies made it more difficult--at times impossible--for the prelingually deaf to actually express himself in language he must create. In nearly all cases, the speech of the deaf clients seen in the Project was not adequate for normal communication. Lipreading (or speechreading) skills were not sufficient for ready intake of information or reception of other than very simple instructions.

To assess all aspects of language and communication, a "Communication Scale" was begun early in the Project. Tape recordings, films and other records of the clients' ability to communicate were kept at the beginning and near the end of a 12-week program. The scope of this was too extensive for this Project, and was necessarily and reluctantly abandoned. The development of such an objective measure of language-communication abilities could be a project in itself.

The Expressive Language Test was the only element of language ability that continued in any formal manner. In order to measure the client's function in written, English language, a simple test was devised. Clients were shown the same picture of a young man and woman sitting on a park bench, and asked to describe what was happening in the picture, what had happened just prior to the time when the couple arrived at the park bench, and to speculate on what was going to happen after they left the park bench. It was anticipated from the beginning that the ability of the Project's clients to communicate in writing would be extremely poor. This proved to be the case with the majority. Some clients were better able to use written communication than others who attained similar grade level scores on standard achievement tests. Others could not go beyond a simple description of what was in the picture. Still some were able to project themselves into the past or the future with comparative ease. Invariably, the language structure of the client was awkward, and at times an inquiry had to be conducted to determine just what he was trying to say.

In addition to obtaining a subjective estimate of the client's ability to use reasonably understandable sentence structure for simple written communication purposes, this test also revealed underlying anxieties and feelings of insecurity towards the use of writing as a means of communication. Some clients would use very poor sentence structure, yet give no indication of anxiety or otherwise demonstrate that they felt there was anything unusual about the way in which they wrote. Others wriggled, squirmed, produced a word or two, then said they simply could not go further. An occasional client rebelled, stating that they were "poor in English" and did not wish to try to do any writing. Insights obtained by this test enabled the staff to estimate whether the client could function comfortably in work and social situations where writing might occasionally need to be used. It gave a fair idea of whether he could generally make himself understood through writing.

Decision to use this test depended on both the results of previous testing and observations of the client. If he were not reading on a third-grade level, it was presumed he could not express himself in sentences at all. If the client had already demonstrated that he felt extremely uncomfortable when requested to write something down, the test might either not be administered or, if administered, abandoned at the first indication that it was too threatening for the client.

Testing and Manual Communication. It is possible for someone who is not skilled in manual communication to administer all of these tests to deaf clients. The use of manual communication greatly facilitates the process, and enables the examiner to gain more insight into attitudes, etc. than might otherwise be possible. The fact remains, however, that even deaf persons with no communication skills at all can be given the simpler, primary level subtests by use of pantomime combined with the sample problems provided in the test itself. The use of a student, aide, psychometrist, assistant, trainee or some such extension of the fully qualified psychologist might have valuable usage, although this was not something that was extensively tested by this Project in the psychological discipline. The use of an interpreter with psychologists who are otherwise competent is another worthy possibility that was not able to be thoroughly tested.

VOCATIONAL INTERESTS.

Vocational interests most often come out in the interviews and counseling sessions with the Rehabilitation Counselor. The Psychologist could administer one or more of the existing vocational interests tests. The typical prelingually deaf person seen at the Project did not have the reading skills necessary to understand exactly what choices they were making when such tests as the Strong and Kuder Preference were used. Along with this, and just as frequent, most clients were appallingly uninformed about occupations. Insufficient occupational information was almost routine.

There were two vocational interest tests appropriate under these conditions. They were the Geist Vocational Interest Inventory (Deaf Form Males) and the California Picture Interest Inventory.

Geist Vocational Interest Inventory. This was developed specifically for use with deaf adolescents and adults. Included in its normative population were 1,659 deaf adolescents, college students and adults. The pencil-and-paper portion of the test can be administered without regard to communication abilities, but the "projective" or "inquiry" portion does require communication skill on the part of the client and the examiner.

The Geist was used with Project clients during Fiscal 1966 only. It was discontinued during Fiscal 1967 in that it was found that it added little to the findings of the California and it did not appear to be as valid as the California profile.

California Picture Interest Inventory. Like the Geist in many respects the California additionally requires a "like" or "dislike" judgment from the client. There were some problems in administering this test to deaf clients. About one-fourth of the occupations shown are clearly unsuitable for deaf person, e.g., police work, military service, etc. In spite of this, the client's choice often told more about how he saw himself in relation to the world of work than otherwise would have been determined.

Minnesota Paper Form Board, Revised. When this test was used to test vocational aptitude, especially with prelingually deaf clients, the printed instructions were ignored and the client directed to proceed with the samples. The clients were permitted to continue after the time limit had expired. The resulting "untimed" score was evaluated in much the same way as the scholastic achievement evaluations were scored. Because there is no language involved in this test beyond the giving of instructions, the results can be interpreted much the same as they could for the hearing subject with two reservations. Validation and reliability studies reported in the test manual suggest that courses in mechanical drawing increase the likelihood of higher test scores. The fact that mechanical drawing is seldom offered in schools for deaf children should be considered, and high scores in spite of this disadvantage could be especially significant. Schools for deaf pupils do not usually offer a curriculum that is comparable to that found in schools for hearing pupils. For deaf clients, therefore, the industrial norms rather than those based on high school populations were used.

Aptitude Tests for Occupations. In general it was found that the Clerical Routine and Computations subtests are most appropriate for use with prelingually deaf clients. The Mechanical subtest was also usable if care was taken to determine how the verbally-loaded items affected the results. These tests were not used routinely, but only when an estimate of how the client might be expected to succeed in occupations heavily dependent upon the abilities measured were needed. The Personal-Social, General Sales and Scientific aptitude subtests were not generally useful in the setting of the Deaf Adult Project. There were exceptional cases where the client was postlingually deafened and/or where the work sample stations were not appropriate or not used. (The Project occasionally accepted clients for psychological testing only.)

PERSONALITY--PROJECTIVE TESTING--EVALUATION.

Results of projective testing were heavily dependent upon rapport between the examiner and the client. Good communication was essential. The written communication of most prelingually deaf clients seen was a poor substitute for the ability to initiate and to understand manual communication. As professional workers with deaf adults have experienced, the deaf person makes use of facial expressions, pantomime and gestures to get the "flavor" of their attitudes across. Manual communication captures the subtle nuances of feeling much more completely and adequately than can be done by writing or any other form of communication. As in other phases of the Project, even in New England, it was found to be the language of the deaf adult; English was something of a "second language" to most clients. The language deficiencies of most deaf clients seen presented additional problems. Very often clients were at a loss for words to describe what they thought or how they felt. Their limited vocabulary led to misinterpretation and misunderstanding. Facile use of manual communication and depth knowledge of the problems of deafness were found to be mandatory for proper rapport and valid assessment. This was especially true in the personality evaluation. Aside from special communication techniques -- manual communication -- and knowledge and consideration of the cultural factors and the role of deafness in the personality structure of each individual, administration and interpretation of various tests differed little from the standardized methodology. Projective techniques found useful during the Project were: (1) the Figure Drawing (Draw-a-Person) Technique, (2) the Rorschach Ink-Blot Technique, and (3) the Thematic Apperception Test.

The difficulty of recruiting, training and/or retaining competent staff to administer these tests properly and, therefore, meet the requirements of communication ability, knowledge of deafness and competence in psychology, was successfully overcome but not sustained by this Project. Personality evaluation with deaf clients needs much more careful demonstration and study.

Reporting. Following the administration of tests, reports were prepared interpreting results and listing recommendations. These reports were presented during weekly staff meetings along with the reports of other Project staff members. Final recommendations of the Project staff were derived and forwarded to the referring agency by the Project Coordinator.

The Project Psychologist through his evaluation had a voice with the other staff members to contribute to the ultimate goal for any client seen in the Project, i.e. to develop recommendations that would eventually lead to the client becoming as self-sufficient as possible -- socially, emotionally and vocationally.

Psychological Counseling. One of the strengths of this Project during Fiscal 1966 was the ability to provide psychological counseling. The Project psychologist was excellent in his manual communication skills and applied them well in this phase of his work.

Psychotherapy. In psychological counseling sessions therapy or treatment was approached of necessity. There was no adequate psychologic-psychiatric treatment facility for the deaf person -- especially the manually oriented deaf person -- in all of New England. The need was adequately demonstrated, but the delivery of services was not.

In general the psychological services for the deaf clients was considerably more extensive than for other clients coming to the Center. Testing -- except for projective -- and counseling were highly developed and effective. The Project program declined steadily in its effectiveness after the resignation of the Project psychologist, early in fiscal 1967. Replacement efforts failed. The entire service capabilities of the Project suffered for the remainder of the demonstration.

SOCIAL WORK -- CASEWORK SERVICES

The development of social work services was delayed for 18 months, until the middle of fiscal 1966, due to lack of staff. Nationwide attempts to recruit a suitable person were unsuccessful. Others of the Project and Center staffs substituted in this capacity until the summer of 1965. For these three months the Project was able to obtain the services of Stephen K. Chough, a trained social worker with the desired qualifications and abilities. He, like the Project Rehabilitation Counselor and Project Psychologist, had a personal and professional knowledge of deafness, the communication skills used by deaf adults, and a recognized competence in his particular discipline. His association, although brief, served to demonstrate the potential value of a full-time staff person of his capabilities.

Patchwork Casework. The need for social work led to a patchwork procedure early in the Project. The Coordinator, later the Psychologist and finally the Rehabilitation Counselor, took their respective turns in attempting to provide this service. The other abilities of the Project staff offset their deficiencies in this discipline to some extent. It was only a fair substitute for a trained person.

Social Casework. A trained social worker was finally recruited. However, he knew very little about deafness and he could not communicate manually. This represented a serious compromise, but development of social work services was attempted. The Project Social Worker undertook a program of training and, at the same time, began a program in social casework, group work, family services and recreational activities. All of the Project staff assisted him in acquiring the necessary skills and knowledge to work directly with deaf clients. In addition Miss Dorothy Miles and Mr. Stephen Chough, both social workers with considerable experience in social work with deaf clients, consulted with him.

Group Work. The Project Social Worker initiated small group programs. These groups took the form of recreation and activities of daily living. The need of such an activity was demonstrated. The results are generally inconclusive. The group leader must communicate manually and he must communicate well.

Family Counseling. Again the need for this service was obvious. The Project Social Worker spent much of his time in working with the families of deaf clients. There was no need for manual communication, all of the parents were hearing, and it is probable that any competent social worker could do an adequate job.

Social and Recreational Activities. This much needed area of service was not developed until very late in the Project. Most of the deaf clients were socially unsophisticated, and the needs were evident. The activity consisted primarily of eating at different restaurants in the metropolitan Boston area.

Residence. A regional project of this nature must have the ability to accommodate out-of-state clients. This would include male and female. The sporadic, unstable and inadequate residence facilities available during the course of the Project affected the total number of clients this Project could have served. The extent of the need is indicated by the fact that certain clients were not able to be served when proper housing was not available. Only during the last year of the Project were there residence supervisors who could communicate with deaf clients and in whom the regular Project staff and the deaf clients had confidence. The residence building was slum-like and generally inadequate and uncertain.

Observations and Assumptions. Service in the area of social work was not well developed. Observations of the Project Social Worker are listed below. These are based on the clients and families contacted by him.

1. In the family situation, hearing members were unable to effectively communicate with the deaf member.

2. Parents did not usually provide adequate learning experiences for their deaf children.

3. There was a high degree of over-protection by parents.

4. The mother is usually dominant in the family.

5. There was usually guilt and rejection evident in the mother.

6. Parents were concerned with their child's speech and education; there was very little evidence of concern with social awareness and social skills.

7. Special professional services were generally not available, e.g. psychiatric.

8. To work effectively with deaf clients the worker must establish meaningful rapport, adapt the casework process to the individual deaf person, have effective two-way communication and be aware of non-verbal communication, e.g. facial expression and body language.

The failure to establish satisfactory social work services related directly to the paucity of personnel available on a national level. The attempt in this Project to train a "naive to the deaf" social worker was a necessity. The results were generally unsatisfactory and inconclusive. A single experience for so short a time cannot be expected to give total answers. It is certain that the quantity, quality and creativity of services with deaf clients is directly related to the knowledge and abilities of the staff person. These yield to training. Also, and more importantly, a combination of intangible personal qualities must be present that extend themselves to the deaf person for as long as is necessary and with an intensity that satisfies his particular needs. These do not yield to training, and they defy easy definition. The social work aspect of this Project, except for the brief period in 1965, suffered from the lack of a staff member with these abilities and qualities.

ANCILLARY SERVICES

Tutoring. A phase of the Project that was not anticipated was the extent to which the services of a tutor could be used. Clients were instructed in manual communication and academic subjects as indicated by testing and other evaluation.

It was often necessary to begin with teaching a client a way of communicating, then attempt to teach subject matter pertinent to the client's current level of functioning or attempt to upgrade the listed measure, if it seemed at all feasible. The client was always given the benefit of any doubt. Many clients were illiterate. Often they had spent the legal limit of years in special schools. Many were labeled mentally retarded. Others were also misdiagnosed or miseducated. The following is part of a typical report written by the Project Tutor. "In one case the boy was 16 years old and had gone to a Massachusetts school for 12 years. He had been in a special class, allegedly because of brain damage. This young man lacked communication skills of any sort. His speech and lipreading abilities were of no practical value. His reading level was first grade. Arithmetic ability was practically nil. I found that he had a definite perceptual problem that hindered his learning. He could not distinguish even the simple letters of the alphabet -- b, p, d, and m, n, w. This disorder coupled with astigmatism (76% total vision) and his congenital deafness blocked his development." He could and did learn. The table below indicates that this is just barely the extreme. Illiteracy was prevalent in Project clients in unprecedented proportions. Sixty or 76% of the seventy-nine clients tested read below grade four.

Table #4 -- Reading Grade Level -- Fiscal 1965 thru Fiscal 1967

	Grade Level	0-2	3-5	6-8	9-12	No Data*	Total
Age Groups in Years	15-19	7	17	3	0	13	40
	20-24	10	12	4	3	3	32
	25-34	1	2	2	2	4	11
	35-44	2	5	1	1	5	14
	45-54	0	4	2	0	8	14
	55-64	0	0	0	1	10	11
	65+	0	0	0	0	4	4
	Totals	20	40	12	7	47	126
	%	15.90	31.74	9.5	5.55	37.24	100%

* The nature of the service did not require or allow obtaining this information, e.g. in the summer enrichment and the hospital programs.

The availability of a tutor at so late a time and for so short a period was of limited use. It did serve to indicate that even after the optimum age of learning, some deaf people responded to innovative teaching techniques.

Mobile Evaluation. For clients who could not come to the Center due to lack of residence space, hospitalization or whatever valid reason, the Project staff made their services available in the "home" situation. The evaluative techniques were transported in modified form to any location in New England. Mobile evaluation included every service that the Project offered that could be conducted in the field.

Interpreting. There were very few interpreters and Project staff provided this service in formal and informal situations. These included court, counselor interview with deaf clients and all of the usual situations one would expect, e.g., making and receiving telephone calls, crises situations, etc.

Manual Communication Classes. Instruction in manual communication was available during the full term of the Project. Center, Project (those who needed it) and clerical staffs participated. Additional classes were taught in the evening for parents of the clients, State counselors, students, teachers and interested people in the Boston community.

Summer Enrichment Program. One of the most exciting, successful Project innovations-- it cannot strictly be called rehabilitation -- was the enrichment program for young deaf students. This program first began in a modest way during the Project's first year, but nothing significant was accomplished until the summers of 1966 and 1967.

A special program for young deaf persons currently enrolled in New England Schools for the Deaf or in regular public or private schools was offered.

Background and Rationale. For many years special educators of the deaf and professional rehabilitation personnel have recognized that young deaf students during their summer vacations need counseling and guidance to help them participate in more meaningful experiences in and with the hearing community. Due mainly to severe hearing impairment which greatly impedes the acquisition of language skills and therefore blocks effective communication with hearing persons, these students become at too early an age unwholesomely isolated from their community.

This isolation contributes to and reinforces the tendency to withdraw from, or to avoid altogether, engaging in new experiences which would help them grow as persons and which would supplement the knowledge they gain during the school year.

Project #1576's Staff recognized that these students were not ready for competitive employment or intensive training for such. Nor were they ready to assume the prerogatives or responsibilities of adulthood. They were immature, inexperienced and naive. Their greatest need, therefore, was to be helped to participate in a balanced program which offered new depth experiences in social, psychological and vocational spheres. The positive value to the students of paid employment, even on a part-time basis, was recognized by the staff. A strong effort to provide such employment, either within the Center or nearby, was made. In some instances employment was provided by Morgan Memorial's Goodwill Industries.

The Program

The Regular Staff:	Project #1576 includes the Director, Coordinator, and supportive staff.
Facilities:	For "headquarters" the New England Rehabilitation Center building at 927 Washington Street was used.
Eligibility:	Any deaf person between the ages of 15 to 21 currently studying in a school for the deaf, or regular public or private school, in the New England region and who was a full-time resident of Massachusetts. Under special circumstances 14-year-olds were accepted. All referrals were screened by Project #1576 Staff. (The term

"Deaf" here meant sensory hearing impairment that is demonstrably non-functional for the every day purposes of life.) Screening of referral applications involved communication between the student's family, his school, special education consultants, Massachusetts Rehabilitation counselors, and #1576 staff. The Parents' Association of Deaf Children was also encouraged to contribute to the program.

Length of Program:	Eight weeks--was adjusted to individual circumstances. All students were required to spend the first five-day week, 8:15 a.m. to 4:15 p.m., in the building for orientation to the program and interviewing purposes. During the remaining weeks, all students were required to report in each morning at 8:15 a.m. for briefing on the day's programming, unless other arrangements had been put into effect. Afternoon scheduling often called for out-of-Center activities.
Social/Recreational Programming:	Geared to exposing the students to many everyday life situations which are taken for granted by the hearing population. Where feasible and applicable - depending upon the particular characteristics and needs of each student - the following activities were undertaken: encouraged the students to meet and mingle with groups of young hearing students, participated in voluntary service settings, and took part in other social and/or recreational activities such as field trips to cultural and educational centers.
Vocational Programming:	Introduction of students to basic requirements of competitive employment, e.g., industrial standards for responsible, well motivated, productive labor, introduction to some basic and complex machinery, tools, and equipment now used in industry.
Special Educational Programming:	Included remedial tutoring in mathematics, language and manual communication as appropriate.
Summer Staff Responsibilities:	Supervision in all group activities was required. (Due to their youth and inexperience the students were not allowed depth involvement with regular Center rehabilitation clients.)
Communication:	Methods of communication used by Staff members with students varied according to the desire and inclination of the student and his family, and the method used by the student's respective school.

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Students and staff during a recreational break of the summer social, cultural and vocational enrichment program in 1967.

Students, some of whom entered the program with virtually no reliable way of communicating, were encouraged, corrected and taught to use whatever means they preferred that would allow them to relate to real situations. Both oral and a combination of oral-manual communication were evident.

Legal Employment:	Competitive, remunerative employment, per se, for these students, was not the specific goal of the program. It was only one phase of it. When such employment could legally be arranged, it was on a part-time basis so the student could participate in other phases of the total program.
Reports:	Two reports were prepared for the referring agency, the school, and the parents. The first was a Progress Report and covered the first four-week period of program activity. The second was a comprehensive but general Program Report on each student covering the full program activities.

Comments. This program was unique in New England, and to our knowledge, in the nation in that: (1) it was a pre-concerted effort by representatives of special education, state vocational rehabilitation, parents of deaf students, and a private rehabilitation center special staff to provide structured social/recreational, educational and vocational services to a group of young deaf students who, through language and communication difficulties, were culturally deprived and isolated from the hearing community and normal life development; (2) it was an attempt to help the student to become better prepared to engage in post-school vocational training or employment more in line with the student's true level of ability, physical and mental capacities, interests, and personal characteristics. An added advantage of this program was the effective use of Gallaudet College upper class students to assist as counselors. The immediate rapport they established with the younger pupils was wonderful. The experience gained in the program helped all concerned.

Mental Hospital Screening and Evaluation Services. Another important innovative service for the New England region developed during this Project was the screening program in a New Hampshire state hospital.

The man in the photograph says he is "mad" and he has every right to be "mad"! Hospitalized for 29 years in an institution for the mentally ill with a diagnosis that was questionable, he demonstrated that he could function adequately in the general society, when given the opportunity. This particular man was roughly representative of some 65 patients suspected of hearing impairment at the hospital who were screened audiometrically and interviewed by Project staff during Fiscal 1967.

Three of the clients were subsequently removed from the hospital setting to take part in the Project in Boston. Others came to the attention of the Coordinator for Deaf and Hard-of-Hearing Patients at the hospital, Miss Patricia "Sally" Dow. A full program of social activities was started for these patients.

This sojourn into one mental health facility still left unanswered the large question: How many deaf or hearing impaired people are misplaced in institutions for mentally ill or mentally retarded people?

Follow-Up and Supportive Counseling. Everything else that is done in relation to deaf clients proved to be of little worth without proper follow-up and support. The third party purchase, "shared client," practice of the State agency-Morgan Memorial Evaluation Center made it even more difficult to work with deaf clients. The practice of the Center was to evaluate and provide particular services which were purchased by the referring agency -- most often the Massachusetts Commission for the Blind or the Massachusetts Rehabilitation Commission -- after which they were returned to the referring counselor for continued service. This procedure was not feasible with deaf clients. There were no counselors who were able to provide the necessary follow-up and support services. The clients often returned to the Project, although they were no longer sponsored.

The Project was put in the middle. On one hand, too much "free" service was not appreciated by the parent agency. On the other, there was an undeniable moral responsibility to continue to provide service, if at all possible. If there had been any other place for the person to go, or, if there were another service like the Project in this region, this would not have been the case. Project staff was continually made aware that they had to provide the full range of services, or better serve the deaf person by not beginning any service with him. A satisfactory answer to that dilemma is in the future. Project staff chose to adhere to the most important goal of the Project and serve the client to the fullest extent necessary and possible.

Massachusetts Rehabilitation Planning Commission Hearings. Very late in the Project--November, 1967--Massachusetts held a series of public hearings in which disabled and handicapped people as well as professional and interested people were asked to testify. Project personnel, former clients, parents, students, residence supervisors, deaf citizens and researchers were organized to present some of the most critical needs of deaf clients and suggest ways and means in which they might be met.

As was the case in many situations in which the deaf person was invited, eligible, or expected to participate, an interpreter was necessary in order for the deaf person to participate fully. Even the fact of an interpreter was something of a testimony. Interpreters for deaf clients are not common in Massachusetts, as noted earlier in this report. The Project Director served in this capacity.

Public Education. The public forum provided by the Massachusetts Rehabilitation Planning Commission was the culmination of efforts to inform the lay and professional public. Most people are grossly uninformed or misinformed about deafness. Large blocks of time were devoted to providing information and orientation about deafness and this specific Project to both the deaf and hearing public. Many deaf people retain an unfavorable image of both Morgan Memorial and the State rehabilitation agency. The Deaf Adult Project was linked to these engrained beliefs and inaccuracies. The Project's efforts did exert a positive influence. The extent to which it was successful is difficult to judge.

The findings reported in the next section give some clues to the response to the development of the services described in this section. This is one significant measure of the Project's effectiveness.

SECTION THREE

PROJECT RESULTS

SPECIAL STAFF, DEAF CLIENTS, AND ADDITIONAL SERVICES

STAFF

Primary among the findings of this Project was the demonstrated need for and effectiveness of a special staff. Improved procedures and additional social and rehabilitation services would not have been possible for deaf clients in this setting without them. Professionals and non-professionals alike were most productive when they had the following skills and qualities:

(1) Depth knowledge of deafness and deaf people's most common disadvantages.
(2) Ability to send and receive manual communication and to use it in a variety of situations and at extremely different levels.
(3) Professional training in a recognized discipline.
(4) Empathy in relation to deaf people in a manner that was quickly apparent to them and established and sustained rapport.

This Project was able to develop and to demonstrate effective use of an adequate core staff.

CLIENTS

A direct result of staff development was the ability to provide a wide range of services to many more deaf clients than at any time in the history of the Center. Project personnel effected progressive increases of 5, 34, and 72 for fiscal years 1965, 1966 and 1967 respectively in the numbers of deaf clients served, compared with the previous Center high for a 12-month period. The following tables show this dramatic result.

A total of 194 clients were referred as deaf during the three years of the Project. Of these 126 were served by the Project staff. The majority were young; 51.6% between 15 and 24 years of age. Males outnumbered females 87, 69.1% to 39, 30.9%.

Another dimension, reproduced below, is seen in the actual Center and Project rosters for the most productive period during fiscal 1967. The total numbers of clients referred and served are tabulated by fiscal year for the three years of most importance. Ten clients were referred during fiscal 1964 and twelve for the first six months of 1968 (1 July 1967 to 31 December 1967), but the Project was either not operational or insufficiently staffed to offer service.

TABLE #5 -- Total Clients Referred and Served

		Referred	Served	Not Served
Fiscal 1965	=	22	10	12
Fiscal 1966	=	61	39	22
Fiscal 1967	=	111	77	34
Totals		194	126	68

Table #6

THREE YEAR SUMMARY: CLIENTS REFERRED - SERVED BY FISCAL YEAR

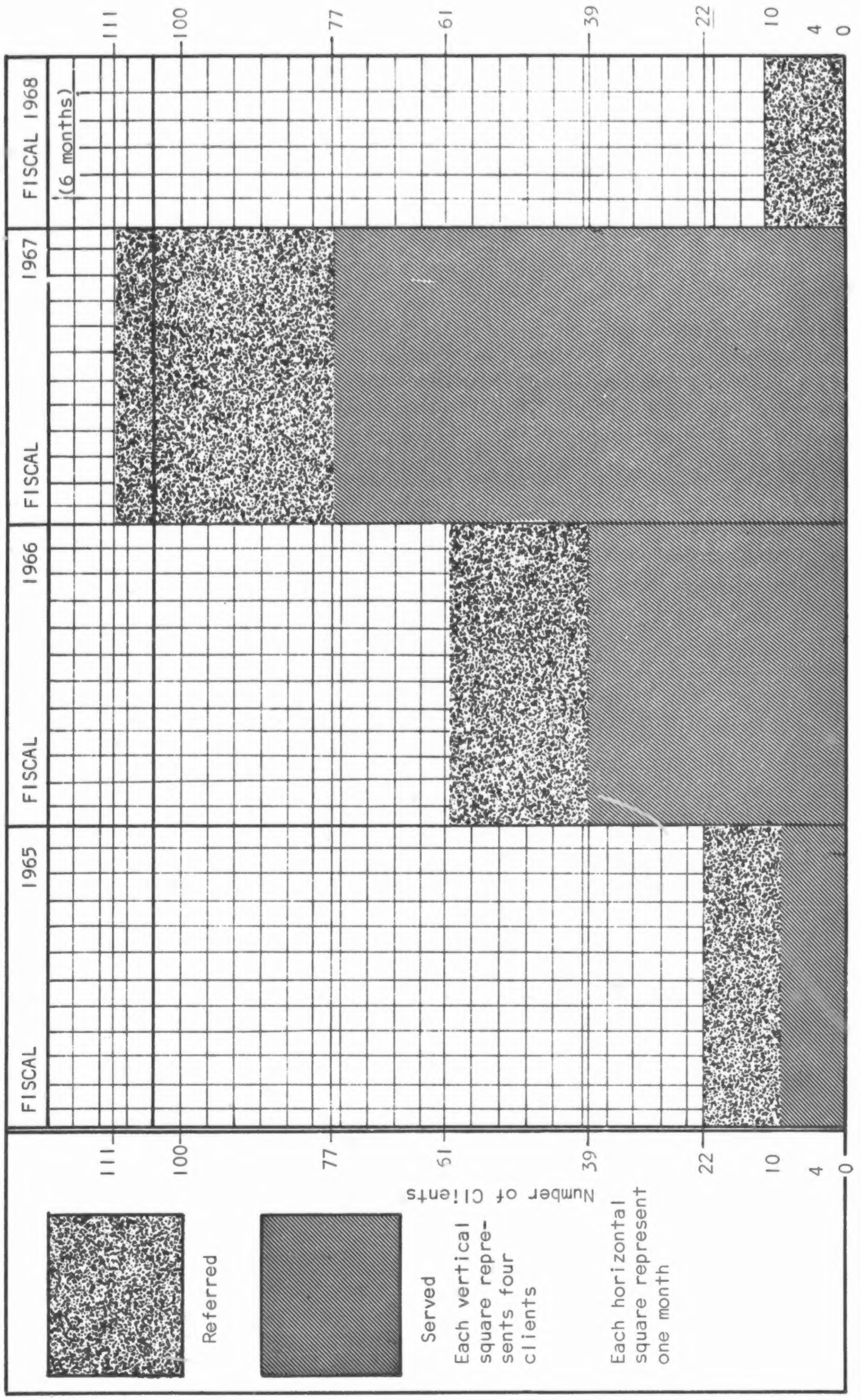

Table #7 PROJECT STAFFING PATTERN and CLIENTS REFERRED - SERVED PROFILE COMPARISON TABLE

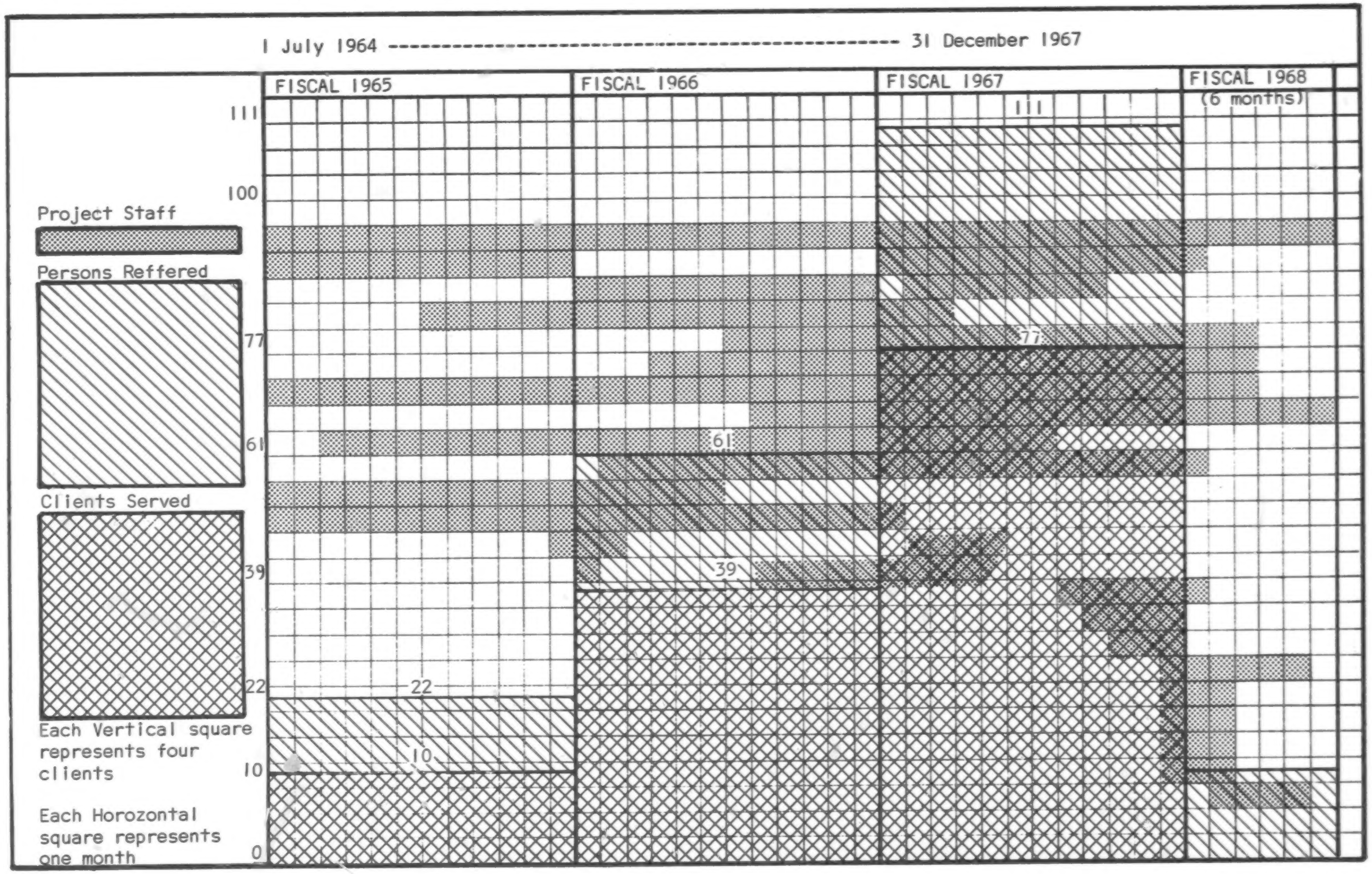

Table #8 -- NEW ENGLAND REHABILITATION-FOR-WORK CENTER ROSTER 10/3/66

NAME		CASE	STAFF	AGE	SERVICE	DISABILITY	ADM. DIS.	COUNSELOR	AGENCY	RESIDENCE
I.	PROGRAM PRIMARILY AT NOYES BUILDING									
1.	Raymond--	410	R	46	E&T	Blind	5/23-10/7	Arsnow	MDOB	EH
2.	Thomas--	427	Du	32	E	ED	8/1-10/21	Tully	MRC-DPW	Home
3.	Carol--	397-30	1576	24	E	Deaf	3/21-10/28	Thornton	MRC	Home
4.	Arlene--	414	Hu	18	OJT	MR	6/20-12/2	Lavigne	MRC	Home
5.	Roosevelt--	442-54	1576	19	E	Deaf	9/19-12/9	Lavigne	MRCBO	Home
6.	Joseph--	447	Hu	35	E	Blind	10/3-12/23	Arsnow	MDOB	Home
7.	Charles--	438-51	1576	26	E	Deaf	9/12-12/2	Dennison	MRCBO	Home
8.	Nelson--	436-49	1576	22	E	Deaf	9/8-	Meyers	DVRNE	Home
9.	Joseph--	446	Hu	22	E	Blind	10/3-11/25	Madigan	CDOB	EH
10.	William--	429	Hu	21	E	Blind	8/18-11/25	Arsnow	MDOB	Home
11.	Stanly--	449	Du	46	E	ED	10/3-11/25	Campbell	MRC	Home
12.	Samuel--	408	Du	17	Tng	Blind	5/2-11/4	Busby	RI-DOB	EH
13.	Brian--	439-52	1576	21	E	Deaf	9/12-12/2	Dennison	MRCBO	Home
14.	Michael--	437-50	1576	22	E	Deaf	9/12-12/2	Krenn	DVRNH	Home
15.	Dennis--	440-53	1576	20	E	Deaf	9/12-12/2	Crowley	MRCBO	Home
16.	Joseph--	422-45	1576	19	E	Deaf	7/19-	Victor	MRCBO	Home
17.	Michael--	441	Hu	20	E	Epilepsy	9/19-10/14	Bradshaw	MRC	Home
18.	John--	445	Hu	35	E	ED	9/19-10/14	Cameron	MRC	Home
19.	Helen--	444-56	1576	32	E	Deaf	9/19-12/9	Cameron	MRCSO	Home
20.	Rose--	430	Du	27	E	L.Hemiplegia	8/15-10/7	Krenn	MHDUR	YWCA
21.	Stephen--	435	Hu	48	E	R.Hemiplegia	9/6-10/28	Hand	VA	Home
22.	Ruth--	448	S	54	E	Blind	10/3-11/23	Quinn	MDOB	Home
23.	Andrew--	433-46	1576	27	E	Deaf	8/8-	Pless	MRCBO	Home
24.	William--	385-25	1576	20	PAT	Deaf	3/21-10/7	DeSantis	DVRNY	EH
25.	David--	443-55	1576	20	E	Deaf	9/1-	Covelle	MRCSO	Home
26.	Milton--	424	D	20	E	ED	7/25-10/14	Crowley	MRC	Home
27.	Francis--	368-20	1576	21	C&T	Deaf	4/27-	Asaro	MRCSO	Home
II.	PROGRAM PRIMARILY AT GOODWILL INDUSTRY									
1.	Eunice--	262	Du	35	PAT	MR	9/13-	Smith	MM	EH
2.	Warren--	356	R	19	Empl.	Blind	8/9-	Arsnow	MDOB	EH
3.	John--	420	Du	20	E	Post-Traumatic Head inj.	7/5-11/25	Grady	MRC	Home
	ESSENTIALLY OUT-PATIENT									
1.	Ann--	402-32	1576	52	Counseling	Deaf	4/11-	Silverstein	MRCSO	Home
2.	Richard--	437-11	1576	19	Tutoring	Deaf	7/27-	Dennison	MRCBO	Home
3.	Carlene--	379	G	20	PAT	Cataracts	11/29-10/21	Killelea	MH-DOB	YWCA

INTERRUPTED, ETC. *ADMISSION DISCHARGE ________ ***SPECIAL PROGRAM 7/25-10/14

Table #9 -- Staff Meeting Agenda/Roster

DEAF ADULT PROJECT - VRA #RD-1576-S 19 September 1966

CALENDAR & ANNOUNCEMENTS Time: 1:00 p.m.

CURRENT ROSTER	Case #	Age		Adm.	Dis.	Agency	Counselor
1. William --	26	20	(1)	1/31/66	10/ 7/66	DVRNY	DeSantis
2. Carol --	30	24	(4)	3/21/66	10/28/66	MRCBO	Hill
3. Ann --	32	52		4/11/66		MRCSO	Silverstein
4. Earl --	39	42		4/25/66	6/17/66	DVRNH	Krenn
5. Francis --	20	21	(2)	4/27/66		MRCSO	Asaro
6. Richard --	11	19	(3)	6/27/66		MRCBO	Dennison
7. James --	5	21		2/ 1/65		LAIRD	Children's Med.
8. John --	45	19		7/19/66		MRCSO	Victor
9. Andrew --	46	27		8/ 8/66		MRCBO	Pless
10. Sheldon --	48	20				DVRNY	Wilson
11. Nelson --	49	22		9/ 8/66		DVRNH	Meyers
12. Michael --	50	22		9/15/66		DVRNH	Krenn
13. Charles --	51	16		9/12/66	12/ 2/66	MRCBO	Dennison
14. Brian --	52	21		9/12/66	12/ 2/66	MRCBO	Dennison
15. Dennis --	53	20		9/12/66	12/ 2/66	MRCBO	Crowley(Proj.1494)
16. David --	55			9/ 1/66		MRCSO	Covelle
17. Roosevelt --	54	19		9/19/66	12/ 9/66	MRCBO	Lavigne
18. Helen --	56	32		9/19/66	12/ 9/66	MRCSO	Cameron

PROGRAM REVIEW

3. Ann -- 6. Richard -- 8. John -- 11. Nelson -- 12. Michael -- 13. Charles --

14. Brian -- 15. Dennis -- 18. Helen -- 17. Roosevelt -- - Intake

Break - 2:00 p.m.

DISCUSSION

1. Intake procedure explanation - G.M.V.
2. Group Work - H.K.G. (Powdermaker - MacIntyre)

NOTES
(1) P.A.T. - Mr. Vescovi - tutoring sessions - Miss MacIntyre
(2) Counseling - Mr. Vescovi - Mr. Powdermaker - tutoring sessions - Miss MacIntyre
(3) Tutoring sessions - Miss MacIntyre
(4) Social Work - Mr. Goldberg

Clifford A. Lawrence	Director
Geno M. Vescovi	Coordinator
Roger M. Falberg	Psychologist
Herbert K. Goldberg	Social Worker
Frank Powdermaker	Vocational Counselor
Ann S. MacIntyre	Counselor-Aide
Richard E. Thompson	Consultant

Referrals came from sixteen separate sources, whether or not the client was served. These were: five rehabilitation agencies, three schools for deaf children, three hospitals, self-referred, parents, public welfare, a religious institution, and a government agency.

New Hampshire DVR referred 42 or 33.33% of the 126 cases served. Massachusetts Rehabilitation Commission referred 41 or 32.54%. Of those referred by MRC, 21 were from the Boston District Office, 13 from Somerville, 4 from Lowell and 3 from Brockton. Vermont DVR referred 6 or 4.1%. Maine DVR referred 2 or 1.1%. No clients served by the Project were referred by Rhode Island and Connecticut Divisions of Vocational Rehabilitation . New England Divisions of Vocational Rehabilitation referred 91 or 72.22% of the 126 clients served by the Project. New Hampshire and Massachusetts combined for 83 or 66% of the total.

The reasons for not providing service for 68 of the total referred are as follows:

1. DVR did not maintain contact or re-refer to Project.	30.88%
2. Project, faulty intake and/or handling.	26.47%
3. Parents rejected Project.	11.77%
4. Client not interested.	11.77%
5. Project unable to meet client needs.	10.29%
6. Client disabilities too severe.	4.41%
7. Client could not be located.	2.94%
8. Inappropriately referred.	1.47%

The remainder of the findings are concerned with the 126, 65% of the deaf adults referred, with whom the Project worked. Because it has long been known that the age at onset of deafness is an important consideration in the acquisition of language, this information was obtained whenever possible. Ninety-three, 73.81%, of the clients served were prelingually deafened, i.e. deafened before language patterns have been established. Although professional opinion varies, in this report prelingually deafened refers to onset prior to age one year. The table on the following page gives additional details for the three years.

Sixty-nine or 54.76% of the clients were known to have between 11-15 years of formal education. Twenty-eight or 23.78% were normal to superior in Intelligence as measured on the Performance section of the WAIS (90-120 I.Q.); sixteen of that group or 12.69% of the total fell within the same "Normal-Bright Normal-Superior" range on the Full-Scale WAIS. Sixty-eight or 53.99% and seventy-two or 57.34% of the clients were not measured on the performance or the full-scale respectively. 8.73% were found to be not deaf or inappropriately referred and therefore not tested.

Dull Normal, Borderline or below Borderline clients totaled 15.09% on the Performance and 22.83% on Full Scale assessment. 45.94% of this group had a grade level of five or below. 47.64% were reading at or below grade five. 49.20% had a language grade level of five or below.

Fifty-nine or 46.83%, of the total 126 clients were functionally illiterate, i.e. unable to read at the fourth grade level. While there were many disabilities in addition to deafness, illiteracy represented the most frequent vocational handicap.

Table #10

Age at Onset of Deafness -- Fiscal 1965 through 1967

	ONSET OF DEAFNESS												
	Cengenital	1 month-1year	1 - 2 years	3 - 5 years	6 - 10 years	11 - 15 years	16 - 20 years	21 - 30 years	31 - 40 years	41 - 50 years	51 + years	Not Determined	TOTAL
15-19	36	0	2	1	1	0	0	0	0	0	0	0	40
20-24	22	2	1	5	0	0	2	0	0	0	0	0	32
25-34	10	0	0	0	1	0	0	0	0	0	0	0	11
35-44	9	1	0	2	0	0	0	1	1	0	0	0	14
45-54	9	0	1	0	0	0	0	0	1	0	0	3	14
55-64	4	0	0	0	0	0	0	0	0	2	1	4	11
65 +	0	0	0	0	0	0	0	0	0	0	0	0	4
Total	90	3	4	8	2	0	2	1	2	2	1	11	126
%	71.43	2.38	3.17	6.25	1.60	.00	1.60	.80	1.60	1.60	.80	8.73	99.96

Table #11. Achievement Grade Level -- Fiscal 1965-1967

Age Groups in Years	0-2	3-5	6-8	9-12	No Data*	Total
15-19	5	18	17	0	0	40
20-24	8	12	4	6	2	32
25-34	1	2	2	2	4	11
35-44	2	6	4	1	1	14
45-54	0	4	4	0	6	14
55-64	0	0	0	0	11	11
65+	0	0	0	0	4	4
Totals	16	42	31	9	28	126
%	12.6	33.33	24.60	7.14	22.22	100%

Table #12. Language Grade Level -- Fiscal 1965-1967

Age Group	0-2	3-5	6-8	9-12	No Data*	Total
15-19	8	13	6	1	12*	40
20-24	10	12	3	4	3	32
25-34	1	3	1	2	4	11
35-44	3	7	1	1	2	14
45-54	0	5	2	1	6	14
55-64	0	0	0	1	10	11
65+	0	0	0	0	4	4
Total	22	40	13	10	41	126
%	17.46	31.74	10.32	7.94	23.81	100%

* see note at end of disability categories

Disability Categories

Twenty-seven categories of disability were seen in the population served by the Deaf Adult Project. These were:

	Clients	Percentage
1. Deafness (primary disability)	52	41.22
2. Deafness/neurosis	19	15.08
3. Deafness/psychosis	9	7.1
4. Deafness/visual impairment	6	4.7
5. Deafness/mental deficiency	3	2.38
6. Deafness/mental deficiency/psychosis	2	1.59
7. Deafness/aphasia	2	1.59
8. Deafness/alcoholism	2	1.59

		Clients	Percentage
9.	Deafness/cerebral palsy	2	1.59
10.	Deafness/hip leg impairment	2	1.59
11.	Deafness/mental deficiency/aphasia	1	.79
12.	Deafness/mental deficiency/brain damage	1	.79
13.	Deafness/mental deficiency/cerebral palsy	1	.79
14.	Deafness/mental deficiency/cerebral palsy/ visual impairment	1	.79
15.	Deafness/mental deficiency/visual impairment/ neurosis	1	.79
16.	Deafness/mental deficiency/visual impairment/ psychosis	1	.79
17.	Deafness/mental deficiency/cerebral palsy/ neurosis	1	.79
18.	Deafness/mental deficiency/visual impairment	1	.79
19.	Deafness/visual impairment/psychosis	1	.79
20.	Deafness/visual impairment/neurosis	1	.79
21.	Deafness/visual impairment/neurosis/cardiac condition	1	.79
22.	Deafness/neurosis/epilepsy	1	.79
23.	Deafness/neurosis/cerebral palsy	1	.79
24.	Deafness/epilepsy/cerebral palsy/hemiparesis	1	.79
25.	Deafness/diabetes	1	.79
26.	Deafness/cancer/cardiac condition	1	.79
27.	No data available or applicable*	11	8.74
Totals:		126	100.00%

* Client improperly diagnosed, referred or served or the service rendered did not allow access to this information.

As a result of deafness and combinations of severe and multiple disabilities, often over long periods of time, the vocational handicaps listed in the following table emerged. Significantly, deafness per se did not represent a primary barrier to work. Illiteracy and emotional, mental, character and training disorders and deficiencies were most common.

Vocational Handicaps

		Clients	Percentage
1.	Illiteracy/character disorders	17	13.50
2.	Illiteracy	15	11.91
3.	Lack of training	13	10.32
4.	Illiteracy/neurosis	12	9.53
5.	Mental deficiency	11	8.74
6.	Psychosis	10	7.94
7.	Neurosis	9	7.15
8.	Illiteracy/lack of training	6	4.77
9.	Personality disorders	6	4.77
10.	Illiteracy/psychosis	5	3.97
11.	Illiteracy/alcoholism	2	1.59
12.	Visual impairment	2	1.59
13.	Illiteracy/aphasia	1	.79
14.	Illiteracy/epilepsy	1	.79

	Clients	Percentage
15. Neurosis/cerebral palsy	1	.79
16. Aphasia	1	.79
17. Diabetes	1	.79
18. Cancer/cardiac condition	1	.79
19. No vocational handicap	1	.79
20. No data available or applicable*	11	8.74
Totals	126	100.00%

* Client improperly diagnosed, referred or served or the service rendered did not allow access to this information.

Modes of Communication

Early in the Project an attempt was made to construct a "Communication Scale" to indicate functional language ability in all communication modalities used by Project clients. Such an undertaking, although highly desirable and beneficial, proved to be too ambitious to refine thoroughly with the available resources. Staff members continued to note the ways in which clients communicated in various situations, however. The results are compiled in the following table.

Table #13. Expressive and Receptive Manual-Visual Modes of Communication

	Best Expressive Mode with Hearing People		Best Receptive Mode with Hearing People		Mode Eliciting Best Client Response in Counseling or Tutoring Activities		Mode Used for Best Results with Other Deaf People	
	Clients	%	Clients	%	Clients	%	Clients	%
W - R	29	23.01	19	15.08	1	.79	2	1.59
S - L	28	22.22	30	23.80	17	13.50	15	11.90
N/P	23	18.24	22	17.46	17	13.50	15	11.90
S/W - L/R	19	15.08	24	19.05	11	8.72	11	8.72
W-R/S-L/N/P	15	11.90	19	15.08	14	11.11	13	10.31
MC	--	00.00	--	00.00	35	27.79	36	28.60
MC/N/P	--	00.00	--	00.00	11	8.72	13	10.31
MC/S-L	--	00.00	--	00.00	7	5.55	8	6.35
I.D. - R.H.	12	9.52	12	9.52	13	10.31	13	10.31
Totals:	126	100.00%	126	100.00%	126	100.00%	126	100.00%

W-R (Writing or Reading) N/P (Natural Gestures and Pantomime)
S-L (Speech or Lipreading, "Speechreading" or Oral Communication)
MC (Manual Communication, "Signing and Fingerspelling," a combination of the Language of Signs and the American Manual Alphabet)
I.D.R.H. (Insufficient Data or client had considerable Residual Hearing and did not depend on manual-visual methods)

Written communication was the expressive mode most often used. About 50% of the clients communicated with hearing people, who do not know manual communication, through writing -- either alone or in combinations with speech, natural gesture, and pantomime. Lipreading and lipreading combined with reading notes accounted for about 43% of receptive communication; clients added natural gestures and pantomime to receive information about 15% of the time. Twenty-two or 17.46% of the clients depended on natural gestures and pantomime as their sole manner of dispensing and receiving information.

SERVICES

The largest single age group served was adolescents, 15-19 years of age. Of these forty clients, 31.74% of the total client population served:

> Twelve were in the summer enrichment programs, four in 1966 and eight in 1967.
>
> Six were given psychological testing at the Austine School for the Deaf in Brattleboro, Vermont.
>
> Fifteen were given work evaluation, work conditioning and related counseling, and supportive services in the Center.
>
> Two were screened and their counselors advised in New York.
>
> Two were screened in correctional institutions.
>
> One was screened in a mental hospital.
>
> One was screened, advised, then referred to the Center psychologist for treatment.
>
> One was screened in a private home in Vermont in cooperation with the state counselor.

Of this group all but two were caucasian and none had ever been married. Thirty-three of these clients were being supported by parents or relatives; two were self-supporting.

ADDITIONAL SERVICES

An extension of the procedures and the services routinely offered was necessary to make most efficient use of the staff that was available in relation to the kinds of problems the people with whom this staff worked were involved. These modifications and extensions included:

(1) Stimulation of referrals with the cooperation of the pertinent state agency or other referral source.

(2) Routine psychological examination as described (Section Two - Later Development) was initiated, refined and offered as a part of the evaluation at the Center.

Communication . . . .

. . . sometimes manual, combined with natural gesture and pantomine

. . . sometimes oral, combined with manual . . . always visual

(3) A complete range of rehabilitation services were added to supplement the existing Center and State offerings, where these were acknowledged to be insufficient or unproductive, including placement and follow-up and supportive counseling.

(4) Social casework and family services were attempted.

(5) Remedial and experiential tutoring became very prevalent with deaf clients in view of the apparent failure of the schools to completely develop the potential many of the clients indicated in this setting.

(6) Two trial summer programs with deaf pupils who were still in schools in New England were conducted using both trained and untrained staff, who were supervised by regular Project staff.

(7) One screening and follow-up program in a State mental hospital gave startling proof that many deaf people were mis-diagnosed, misplaced and inappropriately served.

(8) Interpreting for court cases and for State counselors as well as in a variety of situations in the Center and in the Region was an on-going service that was added.

(9) Orientation seminars were conducted for State and local groups to aid in the understanding of some of the rehabilitation problems for deaf clients and to generally acquaint these groups with the goals and capabilities of this particular Project.

(10) Instruction in manual communication for Center staff, parents of deaf clients, teachers, clients and interested people was conducted at the Center in a variety of classes that covered the duration of the grant period.

(11) Consultation.

These services were not all anticipated in the original Project plan, and the difficulty in establishing many of them within the limits of the staff was considerable.

OUTCOME OF SERVICE

Table #14 below graphs the outcome of the clients served in the Project. Seventy-seven or about 60% of the clients had a positive outcome as a result of Project services, e.g., they were either employed or in academic or vocational programs.

During Fiscal 1967 when seventy-seven clients were served, twenty or about 30% of those eligible were employed. Eight of this group were in the special summer enrichment program for deaf adolescents and returned to school. Half of those placed in employment situations were between age 20 and 24.

Several others during fiscal 1967 and in the two previous years were helped considerably, but work and independent living could not be considered as a meaningful measure of their individual success or improvement.

Table #14. Outcome of Cases Served -- Fiscal Years 1965-1967

Age Groups	Not Working	Sheltered Work	Regular Employment	Self Employed	Hospitalized	Student	Vocational Training	In Other Rehabilitation Program	Correctional Institution	No Data*	Total
15-19	1	1	17	1	3	2 Reg. 12 Smr. (14)	0	0	1	2	40
20-24	3	1	17	2	6	2	1	0	0	0	32
25-34	5	1	0	0	2	0	0	1	0	2	11
35-44	2	1	7	1	1	0	1	0	1	0	14
45-54	1	0	9	0	1	0	0	0	0	3	14
55-64	0	0	0	0	7	0	0	0	0	4	11
65+	0	0	0	0	0	0	0	0	0	4	4
Totals	12	4	50	4	20	16	2	1	2	15	126
%	9.5	3.1	39.6	3.1	15.8	12.61	1.88	.79	1.88	11.83	100.09

* Client improperly diagnosed, referred or served or the service rendered did not allow access to this information.

SUMMARY OF RESULTS

The next section discusses the implications of these results as well as findings that can never be tabulated, graphed or clearly stated in standard form. Observations of staff as they relate to the specific results just reviewed and the greater purpose of this demonstration are included.

SECTION FOUR

IMPLICATION OF RESULTS

SIGNIFICANCE OF THE PROJECT

The foregoing results should not be construed to mean that a special staff with sufficient knowledge and skill had total success with every deaf client. Rather the results imply that such a staff, working out of this setting, was able to attract comparatively large numbers of deaf clients and to assist them in improving their individual life situations.

NEED IN NEW ENGLAND

Basic to the significance inherent in the findings of this Project is the irrefutable demonstration of definite and sufficient need for a similar program of educational, social, rehabilitation and other professional services for deaf adults in New England. The response to the services developed and delivered gives rise to the efficacy of refining and expanding this exploratory model and providing a permanent program. Prior to, during, and after this Project, New England's resources for its deaf citizens were seriously deficient. The results of this Project serve to emphasize the need for the development of and/or the improvement of the entire spectrum of child and adult services. Education at all levels, parental counsel and advice, social and cultural enrichment, mental health, skill training, guidance and counseling, interpreting, referral and research provisions were and are notably lacking or insufficient for the needs of deaf people. The Project was able to use its staff to improve the plight of some deaf people in some of these areas. The results indicate a continuing need in New England. The results indicate that it is possible and feasible to meet that need.

RECRUITMENT OF STAFF

The difficulty experienced by this Project in recruiting the kind and number of staff necessary to provide even some of the needed services bears close examination. The critical shortage is acute on a national scale. There was in this Project a direct relationship between the availability of appropriate staff and the ability to (1) develop a caseload and (2) provide the kinds of services needed by deaf clients. The results obtained in this Project suggest careful consideration of this problem. Professional training is an obvious implication. The use of untrained or non-specialized staff is another consideration, if this can be done under the supervision of a fully qualified person. The inference that professional training in a recognized discipline was not enough to work effectively with deaf clients was clear. The effectiveness of proper staff, when they could be recruited and retained, was just as clearly inferred.

Providing adequate staff becomes a fundamental obligation if deaf clients are to be properly served. How to meet the demand for such people lies in the future. The absence of special staff resulted in de facto denial of adequate service. The presence of the staff generated the close parallel between that staffing pattern and the numbers of clients referred and served during the three fiscal years of the Project. It is probable that similar results would be realized with a comparable staff in other settings.

STIMULATION OF REFERRALS

With the completion of staffing the problem of locating and serving deaf clients was largely solved. Such unprecedented increases in the numbers of clients receiving significant services at the Center required active casefinding and follow through by the Project staff. It indicates, not only the poignant need for the Project's services, but the need to communicate their availability to both the referral sources and the potential deaf clients. In this Project, with its attendant recruiting and administrative problems, a satisfactory referral pattern was established only for its final year. Even the numbers of clients served in the third fiscal year is not entirely representative of the Project's potential. An upper limit of 10 (ten) deaf clients in the Center at any one time was imposed, and a key staff member resigned at the peak of Project productivity. It is only conjecture to consider the numbers of deaf clients who might have been served if the Project had the support and the freedom to thoroughly test its possibilities. Two of New England's six states did not refer clients who were served by this Project. Two others referred a very small percentage. The implication, although specific data cannot be set forth, is that deaf clients can be attracted in large numbers. The strong possibility is that a more favorable environment would significantly increase that number.

CLIENTS

A profile of the clients served by the Project has a host of implications. Many of the results are inconclusive and others appallingly negative. The extremely high rate of illiteracy among the deaf clients indicates a major failing of educational methods for this group, many of whom had normal or above normal intelligence and long years in special schools for deaf pupils. It is not clear why so many multiply disabled deaf people have gone so long without some of the same kinds of services given by Project staff in so short a time. The resulting multiple handicaps were lessened, and some of the problems alleviated. The 74% of the clients who were prelingually deafened probably accounts for some of the poor oral language skills. There was little to indicate why reading and writing were so poorly developed. Lacking even skill in manual language, many of the clients were reduced to rudimentary gestures and pantomime.

Social and vocational naivete required orientation to the use of public transportation, awareness of public services, and on-the-job adjustment -- once placed and work had been learned, deaf clients proved to be excellent employees and massed an excellent performance record. General maturational impairment, a constellation of handicaps were a result of or complicated the deafness experienced by the client. Very often the clients represented manpower whose potential was wasted and were characterized as undereducated, undersocialized and underemployed. There were variations on this generalized sketch, but the impression was one of a syndrome of developmental deprivation.

SERVICES

Most important of the results relates to what the Project staff did with the clients they saw. The breadth and quality of the services were such that the Project staff might justly be accused of attempting to do too much. The Center's pattern of service was to return the client to the referral counselor after a specific program or recommend that the client be referred to other appropriate resources. Although in the early stages of the Project this procedure was attempted, it was unsatisfactory for most of the deaf clients seen in the Project. Counselors were no better prepared to deal with a deaf person after a good work evaluation than they were before. It became necessary to assist the State agency counselor in placement, follow-up, orientation and interpreting. When psychological services or psychiatric services were indicated for a deaf client, no resource was able to offer more than consultation. The Center's consultant in psychiatry was helpful on many cases, but it was impossible to obtain satisfactory therapy or treatment services; this is especially true for the deaf person who communicates best through manual or combined means. Even the provision of an interpreter did not ease this critical need in relation to deaf clients for such services. The Project found it necessary to develop several additional services before positive results became apparent. Tutoring and mobile evaluation could be evaluated during the Project. The effects of the summer enrichment program could not be judged in the relatively short time after its beginning. The implications of many of the services, particularly the less traditional ones, will require years before their impact can be known. While it is known to be positive, the total effect cannot be assessed at this time.

IMPLICATIONS FOR THE FUTURE

Other results also indicate future service, investigation and development. So little is known, all promising avenues should be explored.

PUBLIC EDUCATION

Deafness requires considerable explanation to allow people who have not had much contact with it to understand what it involves. Project staff attempted to provide as wide an orientation as possible. The effectiveness might have been materially enhanced had some more suitable vehicle been employed. The use of television could reach large audiences. Documentary motion and still photography could publicize meaningful information. A program of this kind might create the accurate, positive image that could speak to deaf and hearing audiences. Deaf people could not only benefit but participate.

CONDUCT OF PROJECT

It is likely that a program in which there are so many independent variables would have a better chance of achieving its goals, if sufficient flexibility, authority and autonomy were given it to make appropriate changes when indicated and to attempt ways of service that are not necessarily traditional. This Project was replete with handicapping traditions that had failed to meet the needs. Proliferation of such handling would appear senseless. A program of this nature almost demands a freedom from concerns of Center, Facility, State and Region, except as it has to do with the goals of its program. Proper planning and clear delineation of procedures and prerogatives should be standard.

Time restrictions on service to deaf clients should be eliminated entirely until more is known about the service requirements. This would guarantee the necessary service and, at the same time, remove the threat from client and staff of abrupt discontinuation of services with no other referral source available.

COMMUNITY COORDINATED SERVICES

The results of this Project indicate that existing services in the community can be used effectively. Considerable staff time is required to develop them, however.

Interpreting services can aid considerably in making such services meaningful for the deaf person. The whole gamut, from college instruction to drivers' license exam, could be included.

The typical general state rehabilitation counselor is not in a position or sufficiently equipped to provide adequate services to deaf clients. The establishment of a permanent, comprehensive regional rehabilitation service and research facility based on this demonstration is highly desirable. Such a resource would need regional organization and support, because no one state has the numbers of deaf clients to make individual state sponsored services feasible economically. Such a plan would remain in operation permanently or be discontinued when a single state became able to provide similar services in depth and scope. Conceivably such a program would be of service to all deaf people, not only those who are multiply handicapped.

This need for the mobilization and coordination of community resources -- those of both the professional and lay, deaf and hearing communities -- cannot be overemphasized. Until a regional resource is available, the several services needed by deaf people must be obtained in various locations through a variety of resources. Reliance on a single, private agency, e.g. Morgan Memorial, was not satisfactory in relation to meeting the immense breadth and depth of needs among New England's deaf adults.

MANUAL COMMUNICATION AND INTERPRETING

With so few interpreters in this region a program in training is necessary. In time consideration of a college-level credit course might be possible. It would seem *all* teachers and parents of deaf children should have basic training in this method of communicating. Formal training for deaf people themselves was strongly implied. Clients in this Project as a group did not use manual communication well but tended to elect this mode of communication, alone or in combination, most often. It can only be theorized at this time the benefits that might accrue if they had been instructed on a formal basis and not forced to learn it in unhealthy circumstances, e.g. peddling. It is certain that tutoring and counseling would be improved. Socialization with other deaf people would be possible. More imaginative use of interpreters could be made. Instruction and use of manual language at the client level and the training of interpreters at the professional level does not imply a total answer. Strong indication of its value as an additional avenue of approach was definitely apparent.

EDUCATION

Rehabilitation for the deaf clients served in this Project was really a semantic convenience for a process along the educational continuum. The implications of the high rate of illiteracy and the obvious disparity between indicated ability and demonstrated performance cannot be lightly considered. The low levels of achievement, when overlaid with normal, innate intelligence and long years in special schools, is markedly inconsistent. Inferences range from assistance to parents with deaf infants; vastly improved and new ways of instructing deaf children and adults; firm and continuing alliance of education and rehabilitation services or at least a cooperative, transitional phase between special education and rehabilitation at much earlier ages; an extension of the kinds of experiences offered in the summer enrichment programs over a longer school year (possibly eleven months); and thorough research of the entire maturational process. Problems, with their roots in the home and school, will be multiplied as a result of the rubella epidemic of 1963 and 1964.

It was sufficiently indicated in this Project alone that a concerted effort of this magnitude will be necessary to prevent the intensity of multiple handicaps among deaf people. Traditional methods of special education have failed to develop the potential of many deaf people. That underdevelopment could be reversed only in part by applying the resources available in a special rehabilitation effort. A combination of new thinking and action over long periods of time is an undeniable implication for the immediate future.

RESEARCH

From the beginning of the Project and with increasing intensity the need for comprehensive research was felt. Much potentially valuable information was necessarily sacrificed because a full-time research team was not available. The Project was primarily demonstration. The reporting in relation to Project development, activity and findings by the Project staff and part-time research assistances was not entirely satisfactory. The dual responsibility for service and research for Project staff did not allow proper research design, consistent and all inclusive accumulation and thorough analysis and interpretation of the results. While this was unavoidable for this Project, future activities would do well to have a strong research adjunct germane to the service dimension as well as consistent with similar and related activity and research on a national level. Direct comparison would then be possible, and an efficient, reliable fund of knowledge could be available. The implied benefit to deaf people, child and adult, would be great enough for such a plan.

RESIDENCE

If regional services are intended, a suitable, reliable residence and staff is necessary. It is possible to provide mobile services, but the time involved fragments and dilutes the efficiency of a small staff. Although it cannot be known how much more productive and effective, if such were the case in this Boston Project, it is known that such a provision could significantly increase overall performance.

SUMMARY OF IMPLICATIONS

These implications, based on the results of this Project, reflect a wide range of positive involvement with deaf people. While many are negative or inconclusive, they have value, if appropriate action can be applied. Other inferences, e.g. mental health facilities, adult education, development and use of visual media, funding for direct client services, social casework and family counseling and broader availability of training specifically in the area of deafness can be drawn from and related to those already mentioned. Elaboration on these points is not necessary. The Deaf Adult Project as a whole served to keynote a program of services on a limited basis. The results demonstrated the need, potential and relevance for a permanent and expanded program. The implications, both positive and negative, are pertinent to the very core of life for a significant number of people.

SECTION FIVE

SUMMARY

This, the final report of SRS Project #RD-1576-S, has reviewed the background, development, activity and findings of a special exploratory service program with deaf adults. It was clearly demonstrated that appropriate staff could develop methods and provide the services which seriously disabled and multiply handicapped deaf individuals require.

The central thrust of the Project was timely and pertinent. Unexplored and untested suppositions were explored and tested. An awareness of the complexity and multiplicity of the problems was created, and an effective regional program was conducted to alleviate some of them.

While the efficacy of providing rehabilitation services to deaf adults by innovative methods through the application of special staff was adequately demonstrated, it required massive reorientation of time honored traditions and perceptions. Mistakes were made and negative reaction encountered en route. The Project was slow in developing, time-consuming in its service provisions, and expensive to operate. Although these realities should not be lightly considered, the total experience was positive and generated a firm foundation of information, attitude, procedure, and service techniques.

The following recommendations reflect the positive and negative components of the Project with confidence that careful consideration of both can have value. These hopefully will aid in the formulation of more adequate quidelines for administrative and service personnel, add to the small body of knowledge about deafness and deaf people, and assist in the establishment of proper perceptual and procedural patterns that truly help deaf people.

RECOMMENDATIONS

Many peripheral considerations grew out of the conduct and evaluation of this Project. The major recommendations are put forth below. It is recommended that:

- Sufficient knowledgeable, qualified and manually communicating staff be made available in each State and Region to provide direct, consultative and coordinating services to deaf clients and professionals working with them.
- Deaf clients be recognized as language impaired individuals with frequent, severe maturational restrictions and additional handicapping physical and emotional disabilities, the constellation of which requires lengthy and comprehensive services. Longer periods of service be available routinely for deaf clients.
- Educational and rehabilitation efforts become a cooperative continuum in the interest of preventing some of the more pernicious problems and combining as early as possible to emendate others.
- Capable deaf citizens be directly involved in planning for and provision of services relating to them. Existing organizations of and for deaf

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people, lay and professional, be supported in an organized and persistent manner.

- Professional interpreters, certified by the Registry of Interpreters for the Deaf, be trained and made available for deaf people who need this service in any situation germane to their health, education and welfare.
- Special permanent and expanded services be developed and provided--including mental health facilities, continuing education, counseling and community centers, classes in manual language, and information, coordinating and referral resources--for deaf persons in every major metropolitan area.
- Concerted effort be made to research and to explore and utilize the obvious benefits of manual language for deaf children and adults, including the recognition of it as a language and the refinement of it as a teaching and counseling tool.
- Secondary and post-secondary continuing educational and vocational training opportunities must be opened to avoid continued underdevelopment in these areas.
- Captioned films for the Deaf be developed for more appropriate use with adults and public media be used to promulgate accurate and complete information about deafness and deaf people. Interpreters should be used where necessary.
- An independent research team be initiated to study projects such as this one in depth with a view to providing comparative data and improved service techniques.
- The Council of Organizations Serving the Deaf establish priority concerns and aid in ways and means to implement them in major metropolitan areas.
- The National Association of the Deaf be given the necessary wherewithal to thoroughly investigate all aspects of a deaf person's life, acquire full and accurate information, and disseminate it via all available media, e.g. still and motion photography, television and printed matter.
- Adequate residence facilities be assured, if regional programs are anticipated, and staff who understand and who can relate to deaf people be provided.
- A program in which parents of older deaf children can share their experiences with those of younger deaf children be initiated.
- Summer enrichment or an eleven-month school program be instituted for deaf students to give them more of the kinds of experiences in which they experience common deficiencies.
- Social and recreational facilities be established that can serve the interests of deaf adolescents and young deaf adults.
- More professional training programs should be conducted to help relieve the critical manpower shortage.

- The use of ancillary or para-professional personnel, e.g. counselor aides and tutors, be explored in relation to professional staff personnel.
- Consultants in the area of deafness be assigned to each State or region of SRS to provide orientation, coordination, instruction and interpreting with non-specialists.
- The New England Gallaudet Association of the Deaf be revitalized in concert with the National Association of the Deaf to organize and establish separate State associations for the New England States and to uniformly unite to actively attack those problems where they can be most effective.

These recommendations represent items specifically within the realm of Project responsibility and other generally related areas that have either been clearly demonstrated or heavily implied by this Project.

CONCLUSION

One hundred and twenty-six deaf people in New England are now living richer and more meaningful lives than otherwise would have been possible if they had not received services made possible by the Deaf Adult Project. There was no other place that these people could go for this help prior to this Project. Now, three and a half years later, there is indication that they will again be relegated to that appalling status. The urgent need for such services has been clearly demonstrated. The fact that these services can be effectively delivered and received, even under difficult conditions, has also been shown. This Project in Boston indicated that the crucial elements needed to significantly enrich the lives of this segment of our population are: (1) a dedicated, caring staff, who are knowledgeable in the area of deafness with its problems emanating from language -- and manual communication; and (2) a cooperating facility, committed to the goal of placing the individual and his special needs above that of the institution and its traditional thinking and procedures. Neither of these elements is easily achieved, and the Project's effectiveness was limited to the degree that these ideals could not be reached.

What did we do? And what did we do differently?

1. We existed as a service group especially for the deaf person.
2. We attempted to break out of the stereotyped thinking and the traditional pattern of service.
3. We tried to understand each person, how he saw himself and his environment.
4. We assessed the obstructions and developed and offered the services which would overcome them in so far as was possible.
5. We modified our thinking and refined our service offerings. We shared these thoughts and developments with others who were in a position to learn and to better accommodate the needs of deaf people.

What was done was done, in most cases, to the satisfaction of the deaf person. As a result each person was helped to better perceive himself, his situation and to more ably and actively manage his own life and participate with others in his environment.

The extreme language-communication handicaps were prevalent. The high incidence of multiple disability inflated these observable handicaps, the results of long-term deafness. The inability of many people so severely involved to command their personal and interpersonal affairs was clearly seen. While the client profile of Project clients indicates associated disabilities that would exacerbate the root problem of deafness, it is not entirely clear why so sub-standard a literacy level was prevalent. Project clients were not uniformly distributed as a representative cross sampling of New England's or the nation's deaf population. It would not be fair therefore to compare them to those deaf people who have mastered language and who use it as well as hearing people to live equally self-sufficient lives.

The fact that most deaf adults, even in New England, use a manual means of conveying language cannot be ignored. It needs further objective investigation and comparison with the manner in which they are most commonly instructed. This Project was a first attempt in the proper direction. Where it failed, careful restructuring is indicated. Where some measure of success was apparent, extension and improvement should follow.

The authors realize that much of the information contained in this report does not represent unexpected findings or provoke totally new thinking for either people who have had long association or who are experienced rehabilitation workers with deaf people. Others of the findings are necessarily peculiar to the particular setting in which the Project took place. This final report, however, is oriented to reflect what actually happened in this Project, during this time and in this locale. As such it adds to a very meager body of data available to the experienced or the naive person. Most value will accrue by use of the information to avoid similar kinds of errors and conditions that hampered this Project and to further develop those areas of service that have proven effective with deaf adults in New England.

APPENDICES

APPENDIX A. PAPERS AND PUBLICATIONS OF PROJECT #RD-1576-S

Clifford A. Lawrence, Project Director

with Vescovi and Falberg. RD-1576-S Progress Reports #1 & #2. Boston: 1966 & 1965.

"Administrative Concerns of the Deaf Adult Project," orientation lecture for New Hampshire DVR. Concord: 1966.

"VRA Project #RD-1576-S, A Special Service Program with Deaf Adults in New England," address before the New England Gallaudet Association of the Deaf, Brattleboro, Vt.: 1966.

with Vescovi, "The Deaf Adult Project," orientation for new counselors of MRC. Boston: 1966.

with E. Woodrick, "Summary and Discussion of Case Study" in the Vocational Rehabilitation of Deaf People. Quigley, (Ed.), VRA workshop, St. Louis, Mo.: 1967.

with Hurwitz and Blake. Patterns for Effective Rehabilitation of Deaf Adults: an introductory guide. Special Progress Report and Synthesis of SRS #RD-1576-S, RD-1804-S and RD-1932-S. Boston-St. Louis-Hot Springs: 1967.

"Suggested Services with Deaf Clients in Massachusetts," testimony before the Massachusetts Rehabilitation Planning Commission. Boston: 1967.

Geno M. Vescovi, Project Coordinator

with Lawrence, RD-1576-S Progress Report #2. Boston: 1966.

"Rehabilitation Counseling with Deaf Clients," orientation lecture for New Hampshire DVR. Concord: 1966.

with Lawrence, "The Deaf Adult Project," orientation for new counselors of MRC. Boston: 1966.

"Casefinding, Referral and Preliminary Survey," in The Vocational Rehabilitation of Deaf People, a report of a workshop on rehabilitation casework standards for the deaf, S. Quigley, ed., St. Louis, Mo.: 1966.

"A Vocational Profile of Deaf Clientele," a paper delivered at a VRA workshop, "Patterns for Effective Rehabilitation of Deaf Adults, St. Louis, Mo.: 1967.

"Developing Community Casefinding Resources in Vocational Rehabilitation," in Journal of Rehabilitation of the Deaf, Vol. I, no. 3, 1967.

Roger M. Falberg, Project Psychologist

"Reinforcing Psycho-Social Factors in the Isolation of Deaf Persons," presented at the convention of the National Rehabilitation Association, Milwaukee, Wisc.: 1965 in Rehabilitation Record, March-April 1966.

"Psychological Assessment of Deaf Clients," orientation lecture for New Hampshire DVR. Concord: 1966.

"Commentary on Case Study," in Quigley, S. (Ed.) The Vocational Rehabilitation of Deaf People. St. Louis, Mo.: 1967.

"The Psychological Evaluation of Prelingually Deaf Adults," in Journal of Rehabilitation for the Deaf. July 1967.

APPENDIX B DEFINITIONS

Excerpt from: Rehabilitation Codes [VRA(SRS) Special Project RD-788]
1790 Broadway, New York, New York 10019
(Additions and Adaptations by SRS Project #RD-1576-S)

Rehabilitation	is both the concept of a disabled or handicapped individual's optimal achievement of his potential for self-realization, and his assistance therein by the community through organized services directed towards that end.
Impairment	any deviation from the normal which results in defective function, structure, organization, or development of the whole, or of any of its faculties, senses, systems, organs, members, or any part thereof.
Lang. Impairment	language impairment -- implies psycho-social disability. (Deafness is always a disability, not always a handicap.)
Pathology	condition underlying impairment; e.g., otosclerosis.
Disability	any limitation experienced by the impaired individual, as compared with the activities of unimpaired individuals of similar age, sex, and culture.
Handicap	the disadvantage imposed by impairment or disability upon a specific individual in his cultural pattern of mental, psychological, physical, social, economic, and vocational activities.
I. Social A.Educational B.Economic II.Psychological A.Mental B.Emotional C.Physical D.Sensory III. Vocational	an impaired individual is not necessarily disabled or handicapped by the impairment, but he may be either disabled or handicapped or both.

Onset	the incident of the trauma, or commencement of the disease, or the time when the first symptoms of impairment were noted, or deduced, to have occurred.
Rehabilitation Potential	the implications of the interplay of all the pro and con factors revealed in evaluation of the individual's assets and liabilities, which affect his capacity for cooperating with rehabilitation services and the demands of his living environment.

APPENDIX C

TERMS USED BY PROJECT #RD-1576-S

Deafness	a. those in whom the sense of hearing is non-functional for the ordinary purposes of life with or without a hearing aid. b. those persons whose hearing impairment necessitates primary reliance on vision to establish and maintain contact with their environment.
Functionally Illiterate	that person who is unable to initiate or receive language through any formal vehicle of expression and is, therefore unable to perform satisfactorily in relation to other people, situations and events commonly expected of adults or who is unable to read write or compute beyond grade four.
Prelingually Deafened	deafened prior to the establishment of language patterns, prior to age one year.
Third Party Purhcase	contract for services for a client by an agency or individual on a fee basis for a specified period; authority for case handling remains with the referral source.
OJT	on the job training
Vestibule Training	preparation in one phase of a skill or trade that may provide entry into thorough knowledge and skills of the entire process.
Tinitis	a roaring, buzzing, whistling or ringing noise experienced by people who have been deafened suddenly; an internal distracting sound often accompanying balance difficulties when a visual reference is lost, usually a result of impairment to the cochlea and the vestibular mechanism; this phenomenon is not fully understood.
Multiply Disabled Deaf People	a constellation of limiting impairments in addition to deafness; a physical, mental or emotional condition.

MULTIPLY HANDICAPPED DEAF PEOPLE

(from the Office of Rehabilitation Services Administration: 1968)

The handicapping aspects of deafness are omnipresent. All deaf people are affected by them in varying degrees. They are manifested in limitations of communication, academic achievement, social effectiveness, interrelationships, emotional adjustment and occupational attainment. These are areas of human behavior that yield to appropriate training. Many deaf people compensate so well in all of these areas that their handicap is minimal. Others reach functional competence that enables them to meet the demands of daily living so adequately as to move in the stream of society without serious crisis. A very large number, however, are so seriously limited in all or important combinations of these areas that they are unemployed or greatly underemployed, dependent, and maladjusted. These are the multiply handicapped deaf people.

The multiply handicapped deaf people are very severely handicapped. They may be as many as half of the total deaf population, or the lower 50 percent, and thus may be as many as 100,000 or more deaf men and women. The severity of their handicap is a product of the extent of their hearing loss, their age at its onset, the resultant communication deprivation (both sending and receiving), the ways in which their associates and families interact with it, and their own experience in coping with their environment.

Important characteristics of the multiply handicapped deaf are:

(1) Communication -- The multiply handicapped deaf are all severely limited in communication skills. Their written language is not readily understandable. It is replete with such serious errors in syntax and vocabulary that meaning and intent are often very obscure. Their reading ability is at such a low level that they are functionally illiterate, probably reading at fourth grade level or less. They do not speak understandably if at all. Their sign language skills are inadequate. They do not understand readily spoken, written, or signed messages. Such residual sound perception as they may have is non-functional for speech reception.

(2) Academic Achievement -- The multiply handicapped deaf have not had adequate formal education. Although some may have had years of exposure, they have not derived appropriate benefit for one reason or another such as insufficient motivation, emotional immaturity, illness, or inappropriate teaching methods. Others may have had very limited or no exposure due to lack of knowledge of available opportunities, family overprotectiveness, illness, emotional problems, migration, family economic difficulties, or other seriously handicapping conditions. These people are naive, unsophisticated in their knowledge and interpretation of the surrounding community and their reactions to it because they do not have the apperceptive mass of mankind generally nor the basic tools to acquire it, namely, communication skills. Their achievement levels by standardized tests of educational achievement are at fourth grade level or less. They are not able to benefit appreciably from existing training resources.

(3) Social Effectiveness -- The multiply handicapped deaf have deep seated adjustment problems stemming from their inadequate educational experience, from environmental pressures generated by their impairment, and from possible emotional immaturity. They are unable to interact positively with many kinds of people and situations, including employers, co-workers, family, authorities, and peers. They are unknowledgeable or indifferent in dress, personal hygiene, courtesy, social mores, and similar hall marks of social effectiveness. They do not manage their own affairs acceptably. They may be isolated from others or nearly so.

(4) Secondary Disabilities -- Many of the multiply handicapped deaf have other disabilities that affect their learning and achievement. Mental retardation, serious visual impairment, chronic illness imposing limited vitality, skeletal and muscular conditions, and emotional disturbance are among secondary disabilities that may influence the early formal training of deaf people to the extent that they become multiply handicapped adults.

(5) Occupational Attainment and Vocational Adjustment -- The multiply handicapped deaf are either unemployed or greatly underemployed. Their employment history may reveal many short term jobs or none at all. They may have records of long term low grade employment that is seriously inconsistent with the cumulative effect of important characteristics such as intelligence, strength, mobility. They are without or have few marketable skills as a result of inadequate training opportunities or other conditions prevailing in their childhood and youth.

These manifestations of multiple handicaps in deaf people will yield to intensive, highly specialized, long term training procedures.

APPENDIX D NEW ENGLAND ORGANIZATIONS OF AND FOR DEAF PEOPLE

New England Gallaudet Association
of the Deaf
Edward E. Welch, President
Miss Patricia A. Dow, Secretary
27 Laurel Street
Concord, New Hampshire 03301

New England Home for the Deaf
Miss Ruth Goodwin, Secretary
154 Water Street
Danvers, Massachusetts 01923
(for the aged, blind and infirm deaf persons)

MASSACHUSETTS

St. Andrew's Mission to the Deaf
Captain Kenneth Slater
18 Williston Road
Brookline, Mass.

North Shore Club for the Deaf
5 Broadway
Beverly, Mass.

Quincy Deaf Club, Inc.
William F. Doran, President
25 School Street, Room 31
Quincy, Mass. 02169

Boston NFSD* Division #35
Mr. Paul Vertucci, President
24 Simpson Street
West Somerville, Mass. 02144

Massachusetts Benevolent Association
for the Deaf, Inc.
Mr. James W. Muncy, Secretary
24 Dustin Street
Brighton, Mass.

Boston Guild for the Deaf
St. Francis de Sales
Father J. David Welsh
75 Union Park Street
Boston, Mass.

Protestant Minister for Deaf People
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Holyoke Social and Athletic Club
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Holyoke, Mass.

Boston Deaf Club
East Street
Boston, Mass.

Psych-Social Services for the Deaf
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Deafness Resources Institute
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Speech and Hearing Foundation of
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NFSD Division #67
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The Four Seasons Club
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23 Cedar Street
Marblehead, Mass.

Worcester Deaf Club, Inc.
Carol Napoli, Secretary
225 Main Street
Worcester, Mass.

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* NFSD - National Fraternal Society of the Deaf

Massachusetts Parents Association for the Deaf and Hard of Hearing
c/o Mr. Sumner Shir
35 Hinkley Road
Waban, Mass. 02168

Mohawk Oral Club
Mr. Robert E. Martin, Secretary
1 Sargent Avenue
Chicopee Falls, Mass.

NFSD Division #26
John Gendron, Jr., President
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Worcester NFSD Division #60
Mrs. Marion Nasckbe
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CONNECTICUT

Norwich Deaf Club
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RFD #2
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Bridgeport Athletic Association of the Deaf
Ralph Giannini, Secretary
857 East Main Street
Bridgeport, Conn.

Waterbury Silent Club
Rose A. Kelly, Secretary
99 South Main Street
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NFSD Division #37
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NFSD Division #149
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Hartford Club of the Deaf, Inc.
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New Haven Area Hearing League
Mrs. Ramsey Cole, President
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NFSD Division #25
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107 Sherwood Avenue
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NFSD Division #65
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Mercyknoll
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Thames Valley Club for the Deaf, Inc.
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Connecticut

Meriden Club of the Deaf
Mr. Henry Krostoski
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MAINE

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Lewiston-Auburn Deaf Club
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Bangor Deaf Club
Bangor, Maine

St. Pius Church
Rev. Peter J. Flanagan
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NFSD Division #71
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Bangor and Brewer Catholic Deaf Club
Bangor, Maine

RHODE ISLAND

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Boston Hebrew Association of the Deaf
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134 Larch Street
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St. Francis Chapel
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